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Live Studio Webcast: Ask the Experts: Peter Piot November 30, 2004

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JACKIE JUDD: Good day, I'm Jackie Judd with the Kaiser Family Foundation and welcome to Ask the Expert. Our guest today is Dr. Peter Piot, the Executive Director of UNAIDS. He is with us on the eve of World AIDS Day to discuss the state of the global epidemic. The UNAIDS annual update estimates that 39.4 million people are now living with HIV and that more than 3,000,000,000 around the world have died this year from AIDS related illnesses. As always, you the audience can participate either by calling us at 1-888-524-7378 or you can email us your questions at ask@kaisernetwork.org.

Dr. Piot, thanks so much for joining us. In this new report that's come out, it focuses on women. The theme of World AIDS Day is Girls, Women, HIV and AIDS. It's an increasing threat to women. In what parts of the world are women most at risk.

PETER PIOT, MD: Just think of where we started with this AIDS epidemic, Jackie. In '81 when AIDS was discovered this was a problem for white middle class homosexual men in the west. Today half of all people living with HIV in the world, first of all. Secondly, in sub-Saharan Africa it is close to 60% and in every single region in the world the percentage of women among those living with HIV is increasing. So, it's a universal trend but it's in Africa that we see the biggest proportion of women, particularly among girls and young women.

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Where we have like in Kenya for example or in Zambia or in Eastern Africa sometimes 5 to 10 times higher infection rates among teenage girls than among teenage boys of the same age.

JACKIE JUDD: And the major route of transmission is through heterosexual sex, right?

PETER PIOT, MD: Yes, that's right. Yeah, it's from men to women, women to men. But the reason that girls and women are more infected is two-fold. One there is a biological reason and that is that the efficiency of transmission is higher from men to women during sexual intercourse than from women to men. So that's one. Secondly, it is also very much related to the position in society that women don't have full control over their sexuality, there is sexual abuse, there is prostitution sex work for survival, and the fact also is that many girls are infected by older men not by the boys of their own age. So men who are already infected -

JACKIE JUDD: And there is no ability to say no.

PETER PIOT, MD: And difficulty to say no or to ask for a condom, so we really have to go beyond the classic approach of ABC because that is not always an option for men and for women.

JACKIE JUDD: And is this pattern that you now see firmly set in so many parts of the world, are these numbers something that you expect to see continue in the next several years. The number of women increasing year after year?

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PETER PIOT, MD: Yeah, I guess that perhaps nothing in sub-Saharan Africa where we may have reached like a natural equilibrium between men and women infected, but in the rest of the world the trend is very clear.

JACKIE JUDD: Russia, your talking about -

PETER PIOT, MD: Russia

JACKIE JUDD: The Caribbean.

PETER PIOT, MD: The Caribbean. In Asia, everywhere the percentage of women is rising much faster than the percentage of men who are infected.

JACKIE JUDD: We have already received a tremendous number of email questions on this subject in particular of women and AIDS and I want to read you one from a doctor in Kenya, who I believe treats AIDS patients. He says, "Here in Kenya, a recent survey found that the sex ratio for HIV positive status is 1.9 females to every one male."

PETER PIOT, MD: Right.

JACKIE JUDD: "Women are not allowed to disclose their status, so she's faced with an impossible decision," he writes. "Kill the husband with her HIV virus or kill the kids by starvation if she discloses her status to her husband." His question is this, "The reality that most of us on the ground see is that the only hope to dampen this epidemic is education and economic empowerment of poor women in Africa. Do you see another answer or any way to short cut this terribly long and

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death-ridden process?"

PETER PIOT, MD: Yeah, I think this question goes to the heart of the problem. That the reason that we have such a terrible epidemic, particularly in Africa, has to do with two things poverty and with gender inequality. In other words, the inferior position of women. So what can we do? I think that in the first place we've got to really go to scale with our prevention and treatment efforts. That's not a reason the whole problem of inequality of women is not a reason not to do that. In other words, we've got to make sure that women also know about HIV prevention, how to protect themselves, making sure the female condoms and so on.

Secondly, we need some affirmative action for making sure that women have access to anti-retroviral therapy. I was a few weeks ago in Ethiopia in Addis Ababa and visited a clinic where they are offering anti-retroviral therapy, one of the few in the country. Out of the 1,500 patients there, only one-third were women. Whereas we know that in Ethiopia it is close to 60% of those who need treatment are women, so again here, women are not only discriminated in terms in the face of infection but also in the face of life-saving treatment. So we need some affirmative action.

What can we do? We can't wait until all women are equal to all men, because so many will be dead. So we need to continue but we need to do several things. One is make sure

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there are strong laws against sexual violence against women. I know a law doesn't serve everything but it should not be acceptable in a community to do that. Secondly, also to make sure that women, when they lose their husband because he dies from AIDS, that they don't lose at the same time all of the property which is grabbed by the family of the husband.

JACKIE JUDD: So that they have inheritance rights.

PETER PIOT, MD: Inheritance rights, that's one thing. Thirdly, we can give micro-credits to widows, to women who are survivors, and orphans. What does this mean? That can be something like \$50.00 to \$100.00 per year, not more than that, we're not talking about big money, which would mean that these women, these widows, have some basic security in life for food. Which means that they will have less reasons to sell their body, which again puts them at risk. There are small things we can do in communities, but fundamentally in the long run, we've got to really change how we men treat women.

JACKIE JUDD: Well, another idea that is being talked about as well, is to encourage countries that now charge for education to drop those fees because it such a barrier, for girls in particular, to get to school, to get educated about what HIV is and how it is transmitted.

PETER PIOT, MD: Oh, yeah, that's fundamental. Uganda has introduced it, Kenya has done it, but what we know is that we've got to keep these girls as long as possible in school,

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because it is particularly having been to secondary school that is going to be, let's say, protective from HIV. Because there will be more job opportunities, so women will be better positioned in the job market, they will tend to get married later. A lot of the infections today in women are acquired by their only sex partner, that's their husband, and there are really still a lot of child marriages in the world. We've got to make sure, also, that the education for girls is really in an environment that is safe for girls, that the teachers are not going to abuse the girls or other older boys. So it really requires a very fundamental approach, difference in approach than we have today.

JACKIE JUDD: And some of it as you suggested earlier may be remedied by laws, but we are really talking about are cultural shifts.

PETER PIOT, MD: Right.

JACKIE JUDD: Those kinds of things can take decades.

PETER PIOT, MD: Yes and no. I think that we've seen with AIDS in Uganda for example that what is acceptable sexual behavior today is very different from what was acceptable sexual behavior five or ten years ago. What do I mean by that? In a community you can really very rapidly change the norm that sexual violence, beating up your wife, abusing her, is absolutely not acceptable because of AIDS. It's of course not acceptable for many reasons. It was not acceptable before

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there was an AIDS epidemic, but with AIDS we can change it very rapidly because we have seen what the sexual behavior of men in a country like Uganda. It will be difficult and it will require that community leaders, both men and women, are really behind that. This is where laws have a very limited capacity to change.

JACKIE JUDD: And it goes back to the issue that I know I have heard you talk about and others talk about as well and that is political will.

PETER PIOT, MD: Oh yes, political will. Not only by the politicians, but also by the bishops, the imams, and what is giving hope is also what I've seen in several communities in Africa. Is where the grandmothers are taking things in hand, they're the ones who are now, you know, having to take care of the kids - of the grandchildren - because the children are dead, I mean the parents. And what I've heard them say, "Stop, this is enough. I don't want to continue to see our community be devastated and you men, you boys and girls, you have got to change your behavior." There are things going on at the community that are difficult to measure, but I feel that -

JACKIE JUDD: So the grandmothers' voices are being heard at the community level.

PETER PIOT, MD: I think so, yes. And that's leadership also from the side of them, but that has to be supported from the outside. That's why I strongly believe that

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AIDS funding should of course go in the first place to – it's called interventions that work, treatment prevention and so on – but let's also put some money aside to support communities, to make sure that there is an environment that makes HIV prevention credible, acceptable and that makes treatment affordable also for women.

JACKIE JUDD: You mentioned funding and in the report that just came out a few days ago it's described as a seed change, the amount of dollars now being spent globally on fighting HIV/AIDS. In 2001 2.1 billion U.S. dollars and in 2004 6.1, so it's a tripling. How did that happen? And I guess the same question I asked you earlier regarding women, is this a trend that you expect to see continue? This kind of growth?

PETER PIOT, MD: Yeah, the growth is even more spectacular when you go back. For me, my reference point is when UNAIDS was created, I mean, 8 years ago and then it was only \$200,000,000.00 was spent on AIDS in developing countries. Another big difference besides the amount of money available is that eight years ago this \$200,000,000.00 was all donor money, in other words it all came from the outside. The 6.1 billion dollars today is about half and half donor money, in other words from rich countries, but half of it comes from domestic budgets from developing countries.

JACKIE JUDD: So, it could be self-sustaining?

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PETER PIOT, MD: Well, part of it. I think that will certainly will be the case in Asia and Latin America, and some, but for Africa, for the poorest countries it will be necessary to have money from the outside. But it is good sign that there is also domestic funding in the developing countries going to it, it means that the ownership of the issue has gone up and that the political commitment is there in developing countries more and more but also in donor nations. Is the trend going up? Well that's the big challenge now. I think we must, because the funding gap is still big, the world needs 10 billion dollars to stop this epidemic and to make sure that people have access to treatment and orphans are being taken care of. So we are about half way and the bill is getting bigger and bigger because more and more people need treatment, ones who are already infected now. So where will the money come from and how can we sustain it? First, we need results we need to make sure that the money today is being used wisely and reaches the people.

JACKIE JUDD: Well let me stop you there because we had a question from a viewer already on that very issue. This is from the District of Columbia here in Washington, "In most developing nations is available funds for AIDS, is it still a constraint or is it the disbursement and the appropriate utilization of funds for HIV that is the problem?" I think what he is asking you is just the question you posed, is this

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money being spent wisely?

PETER PIOT, MD: The number one challenge that we have today now is to make the money work for the people. Getting the money there in cities, in the big cities, reaching people there, I think that is going, frankly by any standard. Going into rural areas where the majority of people in the developing world live, that is a big challenge because the mechanisms don't often exist. We've got to work on systems. Just an example I was in Malawi this year, a country in central Africa, and money is coming in but we are faced now with is that in order to provide to people who need it you need nurses, you need doctors, and so on. You need a management system to make sure that the drug supply is there, that the drugs are being kept in a fridge and so on. Malawi has a true crisis of human resources. What does that mean? It's that the nurses are leaving the country, they are being recruited in the U.K and U.S. and so on, there is a shortage of nurses in South Africa. Some are dying from AIDS because they don't have access to treatment themselves and some are working in some research project from an American university. And where they are needed, they are not there, so that is the kind of obstacles we are now faced with and that we have to fix as well. It's not that the money is disappearing but it's really that we are faced in the poorest countries with a decay of public services and we are paying a very high price now for the neglect of many

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years of the governments of these countries and of the donor community that has undermined public service. For years, we have not invested in it.

JACKIE JUDD: I want to remind our viewers that they can call us and ask Dr. Pete Piot questions. Call us at 1-888-524-7378, 888-524-7378. We invite you to call us with questions.

You bring up this issue of human capacity. There was a report that came out last week, a consortium of about one hundred leading health experts around the world. They estimate that there is a need for medical professionals, I think the total number is 4,000,000,000, Africa needs 1,000,000,000.

PETER PIOT, MD: Right.

JACKIE JUDD: In that context we have a question, again from the U.S, about human capacity. "What specifically can the private sector do to facilitate increased human capacity for the health and development sectors that are so important to scaling up prevention, care, and treatment efforts?"

PETER PIOT, MD: I think the way to start tackling this human capacity crisis is to first of all, what I call, grow the resource base, by resources I mean people – human resources. And we will never be able to control this epidemic, to provide treatment HIV if we are stuck in, let's say, public sector clinics in developing countries. We've got to go to the missions, to the private sector. We've got to go outside the

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classic health and medical community as long as we are going to treat AIDS as a medical problem and as long as we are going to use only public health approaches, we are doomed to fail. No country has been successful in the face of this epidemic if it used only – limited itself to the ministries of health – they're essential. So, look at South Africa, who is providing treatment? It started in the private sector, in big companies. Now the government is also rolling it out and so I think that the private sector can help with making sure that in the first place it takes good care of its own employees. That's still not the case. That's the case with some big multi-nationals and some national companies, but not every company is doing that. Secondly, it can help with better management of existing health services, so increasing the efficiency. But the fundamental problem is that people are not paid well. I mean, what can you expect if a doctor or a nurse makes \$50.00 a month or \$100.00 a month? How do you expect miracles? They have children, they need education, et cetera. So that is a fundamental issue that we are now up against with when we are trying to scale up our work on AIDS, we are confronted with a lot of structural problems in Africa.

JACKIE JUDD: Well, the brain drain.

PETER PIOT, MD: The brain drain.

JACKIE JUDD: It's the brain drain.

PETER PIOT, MD: The brain hemorrhage I would say in

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some cases.

JACKIE JUDD: Right.

PETER PIOT, MD: It's terrible.

JACKIE JUDD: Yeah.

PETER PIOT, MD: The rich countries are actually, they're a really major responsibility. Because what we are doing, we have a shortage of nurses in about every western country and so we are actively recruiting nurses in poor countries, from the Philippines to the whole of Africa. So in essence we are profiteering from investments in education made by poor countries. Once they trained the nurses and so on, we can have them. We need to look at that in a global level and that should be part, of as much as in trade negotiations and anything else. I am not pleading stop migration but we need to help stopping the migration by creating incentives. Most people prefer to stay where they are and where they grew up, if they can make a good living.

JACKIE JUDD: If they could make a good living and if they, themselves, are not suffering from AIDS which is a major problem among health professionals.

PETER PIOT, MD: Oh yes.

JACKIE JUDD: But we have a caller now from Washington, D.C. Go ahead caller. Is the caller there with us?

MALE SPEAKER: At the Wilson Center you mentioned that our highest moral ideals is to save lives. But there is many

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people who have moral obligations against needle exchanges. I was wondering what your thoughts on needle exchange programs is?

PETER PIOT, MD: So the question is needle exchange programs. When you look at the world and the HIV epidemic, particularly in east Europe and also in major parts of Asia, the driving force behind this epidemic is injecting drug use. It is a heroin epidemic that we see like in Eastern Europe. So what can we do about that? I just summarize it in three words. Don't start, in other words don't start with drugs. Don't shoot and don't share. Don't share needles. We need really to make sure that programs to prevent people, young people and older people, to use drugs, that is the first thing we have to do. Making sure that those who are addicted have access to treatment. Then also we need to make sure that people who are using drugs don't get infected with HIV and don't spread HIV to those they have sex with, the general public. And we know, scientific facts that offering clean needles can help but it has to be part of an overall package. Just throwing needles at drug users is as unhelpful as just throwing condoms at the problem. You need a full integrated package. Then we've got a special situation in Eastern Europe in Russia, I've seen it myself, where we have a lot of teenagers who would shoot drugs just now and then over the weekend, Friday night, Saturday night. That's how they got infected -

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JACKIE JUDD: It's enough to get you infected just Friday night and Saturday night.

PETER PIOT, MD: Just once. Absolutely. It's the most efficient way to get infected, you pump it straight into your vein and your blood. Offering clean needles is not going to help, there we need to really have campaigns and education to make sure they don't this. So we need really to look at each situation and then have a combination of approaches.

JACKIE JUDD: In addition to Russia where do you think the greatest need currently exists at the moment for needle exchange programs in the context of larger prevention strategies?

PETER PIOT, MD: Well when you look at where the epidemics are driven by heroin, by needles, it's in all the countries of the former Soviet Union whether it's Ukraine, whether it's the central Asian republics. Because, where do the drugs come from, I mean heroin? It's from Afghanistan. Afghanistan has seen an incredible increase in the production of opium and the production of heroin. It's going through the central Asian republics, through Russia and then going through Western Europe. In Western Europe, just as in the U.S., there has been a decline in heroin use, but not in Eastern Europe. It's new markets, it's very refined marketing. We see it also in the northwest of India, we are seeing it in Kashmir, we are seeing it in parts of China, in Xinjiang in the western

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province of China. In some of the southern provinces, it's popping up in Indonesia. It's spreading in a very evil way throughout the world and throughout Asia. And that's the result of sophisticated marketing. There is a real need to increase our efforts against this drug trade but it's in the countries that are really the next wave countries in terms of the epidemic where injecting drug use is the engine very often.

JACKIE JUDD: I want to switch gears a little bit here. We have a question from the United Kingdom about the link between AIDS and tuberculosis. "Is UNAIDS cooperating with organizations which focus on TB with a view to combining the treatment of two diseases, given the intense synergy between them?"

PETER PIOT, MD: Yes, we are. I mean we are actually a so-called, I think it's called partner in the Stop TB Partnership. This is a group of an alliance of all kinds of organizations that are working on tuberculosis but we are now trying to do the following. That is that every TB program should have HIV testing, should have also offering counseling and treatment for HIV in these programs and vice versa. It's enough to give anti-retroviral treatment or other treatment to someone who has AIDS, you need to look for TB and see if the person has it to treat. Yes, we are. The problem is the following and that is that TB programs have been around for over a century in most countries. And they are organized in a

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very vertical way separate from all of the rest of the health services. These programs –

JACKIE JUDD: So it's not integrated?

PETER PIOT, MD: It's often not integrated.

JACKIE JUDD: Uh-huh.

PETER PIOT, MD: The same thing is actually more and more true for AIDS programs, which is they're also not integrated and we need to bring them together. Also AIDS in general, working on AIDS we have a more community based approach whereas TB the doctors are used to just more of, let's say, a military type of approach. The worlds are coming together but it's not so easy.

JACKIE JUDD: I'm surprised to hear you say that because the link between TB and AIDS is so clear now with the statistics.

PETER PIOT, MD: Yeah.

JACKIE JUDD: Why is taking the medical community this long to catch up? There shouldn't be a wall between the two.

PETER PIOT, MD: Yeah, I mean, I published myself one of the first papers on that relationship in the '80's from Africa where we found that in Shansi [misspelled?] and Burundi, Kenya. It shows that institutional behavior change is very difficult. People have their habits and they are concerned about their funding and so on, so that all that to display the role. And the different cultures, the whole TB field is

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dominated by doctors who are, you know, have been working on TB are chest doctors. Whereas in AIDS it's really a very diverse group of community workers, social workers, infectious disease docs, communications specialists, it's a very different world. But now I think it is a real [inaudible].

JACKIE JUDD: You talked about access to drugs a moment ago and we have a question from the United States, from Princeton about that. "What is the present and future of the accelerating access initiative?" You are going to have explain what that is to our audience for those who don't know. And, "Will you UNAIDS be increasing its role in the partnership or withdrawing completely?"

PETER PIOT, MD: About 4 or 5 years ago, UNAIDS initiated together with five pharmaceutical companies, 5 big pharma companies, a partnership with was called Accelerated Access Initiative to, as the title says, accelerate access to anti-retroviral therapy in developing countries. Starting in the least developed countries. It led to major reductions in price of anti-retroviral drugs by over 90%. That was before the producers of generic medicines from India, et cetera, came on the market. It has led to now well over 100,000 people with HIV in treatment in Africa in anti-retroviral therapy from Botswana to other countries. I would say that today there are other initiatives. This was before the Global Fund was created. This was before the President's Emergency Plan for

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AIDS was launched by President Bush. This was before the World Bank allowed its money to be used for treatment. So it was really a pioneering initiative but now there are big funders that are taking up the issue. I think that means that we have to really have a good look at it, what are the lessons learned? And make sure that there is no need for me to perpetuate programs and projects and initiatives. We've got to see what works best.

JACKIE JUDD: It sounds like you maybe have already concluded that this is an obsolete program because of these other efforts. So will the project end? Will UNAIDS withdraw?

PETER PIOT, MD: No, I mean, I think this is something to discuss with our partners evidently. What I am saying is that the funding is there that wasn't there when we started and we have to look at it, what looks best.

JACKIE JUDD: We are talking about the number of people who are on drug therapy. As you know the World Health Organization launched its Three by Five Program, 3,000,000 people on anti-retroviral drugs by 2005. This past summer the number was only 440,00.

PETER PIOT, MD: Right.

JACKIE JUDD: What do you think the number will be by the end of 2005? How far from that goal will the World Health Organization end up?

PETER PIOT, MD: Yeah, I'll be able to give you precise

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answer sometime in January. We're working in UNAIDS with PEPFAR, with the office of Ambassador Tobias [misspelled?], with WHO, with the Global Fund and with the World Bank to estimate how many people are under treatment. So we are only December 1st basically. It will be more. We won't be there with the 3,000,000, that's for sure. But it illustrate also how these different initiatives now today are working together so that we are not going to say, "Oh this is my patient and that's my patient." And then have some competition. We are joining efforts also to monitor this, so January, you will have to be a bit patient.

JACKIE JUDD: What are the consequences of launching a program with very, very, lofty goals – 3,000,000 people by 2005 – and not meeting the goal. What signal does that send to the global AIDS community?

PETER PIOT, MD: First of all the program has triggered off a lot of activity in developing countries. That several countries where AIDS treatment was really not on the agenda have started planning for it and have started training staff. That came at the same time as the Global Fund was created, as the President's initiative became operational. Secondly, I think one of the lesson we've learned is that it is not easy. I think it is better to go step by step and to introduce treatment in a way that will make sure there is no resistance epidemic, resistance against the drugs, and also we're working

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often in countries where the infrastructure is much worse than we thought. I think, frankly, that it is not a matter of money. The money will have to increase over the years. But at the moment we will see the results next year of the investments that have been done this year. A lot of the training, getting the drug supply chain right, the management of negotiating drug prices, that's the kind of not too sexy things that have to be done, and then we can start seeing the results.

JACKIE JUDD: I am curious, just quickly, what countries did you go into where the infrastructure was worse than you had anticipated?

PETER PIOT, MD: I mean, like, Malawi, it's the infrastructure I know but I hadn't fully internalized that since the time that I was working myself, on the ground like in Kenya, or in Zaire, or in Burundi. The situation in Africa has deteriorated in terms of the brain drain, there is just much less staff than there used to be?

JACKIE JUDD: Is there one moment that you still think about that kind of crystallized that for you?

PETER PIOT, MD: Well I think my visit to Malawi in March. We went there, I was there with the head of the department for International Development in U.K. and someone from the World Bank and from the Global Fund. We came there to see how can we work better together and make sure there is no waste of resources, no duplication of efforts. That seemed to

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be fine. Money is put in one basket, et cetera, that worked fine in Malawi. But then when we visited the Malawi General Hospital and I started asking, "But where are the nurses and [inaudible]?" And then they showed me. Only one out of three or four positions is filled. And every year it is getting worse. Just making sure that our colleagues, doctors, nurses, et cetera and teachers, I would to that, who are HIV positive, they should also have access to treatment. Keeping those who are there already, alive, that is also making sure there is -

JACKIE JUDD: And healthy enough to treat other people.

PETER PIOT, MD: Exactly. It's not a matter of adding volunteers from outside and some, that is not going to solve the problem.

JACKIE JUDD: Okay. We have another email question that just came in from the United States. It goes back to the question of women and reproductive health centers. "What role can reproductive health providers in HIV prevention? What must happen among policy makers, donors, service providers, activists, and academics in order to better integrate HIV prevention into reproductive health services?"

PETER PIOT, MD: On the ground, there are often no reproductive health service or AIDS service, everybody goes to the same services clinic and you don't walk around with a billboard saying, "I have AIDS." Or "I need family planning." Or "I'm a reproductive health service client." So the reality

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is often, and that's good, the clinic must be a one-stop shop for people because they often don't know what their needs are. That's one comment. Secondly it is true that at a national level or a global level, you have these silos. Reproductive health organizations and programs, you have AIDS one, et cetera and again they don't talk to each other enough. Earlier this year, I co-chaired actually a meeting together with Toari Obahato [misspelled?] of the UNFPA, it was hosted by the Rockefeller Foundation and we sat down with people who are leaders from let's say in the AIDS world and in the reproductive health world. And thought, you know, what can do together. Obviously, for example, health education teenagers, adolescents, in terms of their reproductive health that will benefit many things, unwanted pregnancies, it will prevent sexually transmitted infections, will prevent maternal deaths, will prevent infection in girls and boys. So we have to do that together, it can't -

JACKIE JUDD: What other solutions? I'm sorry to interrupt, what other solutions were talked about at the session?

PETER PIOT, MD: It can't be that when you provide family planning that you don't talk about AIDS, when you are dealing with HIV counseling that you don't include information about family planning and things like that. It's all possible.

JACKIE JUDD: We cannot do a broadcast with you without

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asking about vaccines. And the question is asked, "Given the hope of a partially effective to slow the AIDS epidemic, please comment on the serious need for public participation in clinical trials and the special difficulties of vulnerable women as trial participants. Many husbands prevent their wives from participating in these important trials. How can UNAIDS assist in educating the public about the importance of volunteering for HIV vaccine trials?" And then of course, "What is the state of research at the moment?"

PETER PIOT, MD: First of all in the terms of the state of research and vaccines for HIV there is not much new. I think the biggest news is stimulated by the Gates Foundation that basically everybody working on HIV vaccine development has now come together as part of so-called the global HIV/AIDS vaccine enterprise. That includes also like group like IAVID, International AIDS Vaccine Initiative, but also people from industry, from the major vaccine producers, the National Institute of Health, et cetera, et cetera, academic researchers. So for the first time I see an opportunity to break through the isolated work of various vaccine groups. That should mean that we would come to quick results. But at the moment I would not be too optimistic to have in the immediate future, a vaccine.

JACKIE JUDD: And the isolation has slowed the progress?

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PETER PIOT, MD: I think so, yes. I think so.

JACKIE JUDD: And to the question that this researcher asked, how do you encourage participation in the trials?

PETER PIOT, MD: Well the only way to figure out whether a candidate vaccine protects people or not is to test it in people. Unfortunately there is no way around that. That means that –

JACKIE JUDD: And how do you get those people to volunteer?

PETER PIOT, MD: –there will be a need for thousands and thousands of volunteers to participate in these trials and that will require also women as much as men. That poses enormous organizational but also ethical questions. What we are doing is to make sure that in the countries where such trials are going on or will be going on to have a true ethical review process and that has to include, just as you are doing here in the U.S., potential participants, representatives to various parts of society. That cannot be left to scientists or to doctors alone.

JACKIE JUDD: Okay.

PETER PIOT, MD: That is the way we do it.

JACKIE JUDD: We have a caller from Boston. Caller go ahead, you are on with Peter Piot.

FEMALE SPEAKER: All right, I have question. How does UNAIDS view and deal with the issue of poverty reduction as a

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necessary initiative in alleviating the AIDS crisis,
specifically for women and children facing this crisis?

PETER PIOT, MD: Thank you. It's correct that poverty is one of the driving forces of this epidemic. On the other hand, we cannot wait until all poverty is eradicated to start dealing with AIDS. So what are we doing? We work in two directions. One is to make sure that the plans and activities to reduce poverty in developing countries includes the reality of AIDS today. That is through, so-called, poverty reduction strategies. These are plans that are made by the government with the World Bank, with all the donors, also with the private sector more and more and with community groups. That they include AIDS and the reality is that even in Africa only one in four of these poverty reductions strategies and take that into account, and yet AIDS is undermining economic growth and development and has contributed to poverty as well. That's one way we are trying to do it. It sounds very theoretical but that is the fundamental approach in many countries to deal with poverty.

Conversely we are doing also some action that is less macro economic but more at the community level. For example, to stimulate micro-credit for women particularly by providing small grants, micro-credit, sometimes loans to women you can generate more job opportunities. It is one way of getting women out of prostitution, it's also way of making sure that

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the kids, the girls, the boys, particularly the girls, stay in school. So that's another way, a very concrete way that we are working.

JACKIE JUDD: Okay, I have a final question and it's mine. And that is, in the next year what would be your personal goal for your organization in terms of battling this epidemic?

PETER PIOT, MD: Yeah, well we have discussed that because it's December already. Our overall goal is to make the money work. With the money that is there now, and in UNAIDS we are not a funder, we are not The Global Fund, we are not PEPFAR, we are not the World Bank, although the World Bank is one of the co-sponsor of UNAIDS. Our goal is to make sure that wherever we have these sums of money now that they get to the communities. That they are used for prevention and treatment activities that work and that the whole agenda on women and AIDS that we discussed at length here, that that is now an integral part of all AIDS programs. That's our agenda for 2005.

JACKIE JUDD: I hope you come back with us same next year to discuss whether you did it.

PETER PIOT, MD: Sure.

JACKIE JUDD: Thank you very much.

PETER PIOT, MD: Thanks, Jackie. Bye.

JACKIE JUDD: Dr. Peter Piot is the Executive Director

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Live Studio Webcast:
Ask the Experts: Peter Piot
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of UNAIDS. Tomorrow is World AIDS Day. I am Jackie Judd with
the Kaiser Family Foundation, good day.

[STOP RECORDING]