

Meeting report

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The 16th International Conference on AIDS: Will It Leave a Legacy?

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It was a great honor for us to have served as co-chairs of the recent 16th International Conference on AIDS (Toronto, Canada, August 13-18, 2006). We were gratified that attendance eclipsed that of all previously held International AIDS conferences. Despite a few glitches, such as problems with registration at the start of the conference, most observers concurred that it went extremely well. In fact, the conference seems to have been judged a great success from both the scientific and social standpoints.

Many people have written to thank us for having organized a conference that was so strong in regard to prevention. This is important, because prevention research is considered to be crucial in stemming the HIV epidemic. The conference included important sessions concerning both microbicides and preventive vaccines. It reported on key concepts and progress regarding the initiation of clinical trials. The conference included sessions on the important concept of pre-exposure prophylaxis. There was discussion about whether male circumcision might protect women from being infected by HIV-seropositive partners in addition to protecting men from being infected by HIV-seropositive women.

In addition, the conference was recognized for the many compelling articles that dealt with new and improved treatment strategies for HIV disease. As examples, the conference included some of the most robust data ever presented on the Merck integrase inhibitor, MK-0518 (subsequently named raltegravir).[1,2] In a trial performed on drug-naïve subjects, this compound was shown, in combination with lamivudine (3TC) and tenofovir, to yield the most rapid drops in HIV RNA viral load ever seen in the history of HIV disease. Other compelling presentations included the results of the KLEAN trial that

compared lopinavir/r vs ritonavir-boosted fosamprinavir in a randomized controlled trial in which patients also received the nucleoside analog reverse transcriptase inhibitor (NRTI) combination of 3TC/abacavir.[3] In addition, novel data were presented on 2 promising CCR5 coreceptor antagonists that block HIV entry into cells and are being developed by Pfizer and Schering.[4,5] A sense of genuine enthusiasm emerged from the Toronto conference regarding the fact that our armamentarium of therapeutic drugs will soon include members of 2 novel additional classes: integrase inhibitors and CCR5 inhibitors. Optimism was also expressed regarding the considerable progress that has been made toward the use of antiretroviral drugs in prevention strategies.

At the same time, however, it was recognized that we must make more progress regarding bringing the benefits of antiviral therapy to HIV-infected individuals in developing countries. Sadly, AIDS will develop in these individuals who will die unless these lifesaving medications can be made available to them as quickly as possible. Despite considerable progress during the past 6 years regarding antiretroviral drug access, the reality is that more people became newly infected by HIV-1 during 2006 than had access to antiretroviral drugs. As long as this situation persists, it is difficult to imagine that we will win the global battle against AIDS. We are grateful that there now seems to be consensus throughout the world that nothing must be permitted to interfere with the rights of HIV-infected individuals to gain access to antiretroviral drugs, regardless where they live or their ability to pay. Nothing, including the potential problem of HIV drug resistance, must be permitted to interfere with attainment of this goal. This concept was symbolized by the theme of the conference, "Time to Deliver," that underlined the fact

that we must all be held accountable regarding the compelling need to bring antiretroviral drugs to everyone in need.

The International AIDS Conference of 2006 also marked the first time in recent years that this meeting was held in a developed country setting, without major demonstrations by activist groups in protest against the actions of pharmaceutical companies and their booths in the exhibit areas of the conference. We are grateful for the restraint that was displayed by many members of activist communities, who doubtless gave this subject great thought and consideration. It is likely, however, that there is also increased appreciation of the distance that many pharmaceutical companies have come since 2000 regarding issues such as compulsory licensing of antiretroviral drugs and the production of antiretroviral drugs by generic companies.

The Toronto conference may also be recognized over time as having played a key role regarding changes in government policies toward HIV/AIDS that have now occurred in South Africa. Many will recall that president Mbeki had embraced a number of HIV denialists views in the months before the XIII International Conference on AIDS that was held in Durban, South Africa, during July 2000. Individuals such as Zackie Achmat and Mark Heywood of the Treatment Action Campaign (TAC) in South Africa and Justice Edwin Cameron of the South Africa Supreme Court have long and courageously fought to attain a reversal of South African government HIV/AIDS policies, and, together with their colleagues, certainly deserve the lion's share of credit regarding the rationalization of South African government policies that has occurred in recent months. However, their cause was certainly helped by the fact that numerous speakers at the International AIDS Conference in Toronto mocked comments by the South African Minister of Health, Manto Tshabalala-Msimang, who stated at the start of the conference that lemon juice, beetroot, and garlic were effective means of combating the HIV epidemic. The comments of these speakers were picked up by the South African and international press, with the consequence that the South African government seems to have been embarrassed. In all likelihood, influential members of the African National Congress, the governing party of South Africa, decided that they could no longer abide the policies on HIV/AIDS that have ill-served South Africa during most of the past decade. We are, of course, delighted that these changes have now come about and agree that the International AIDS Conference of 2006 helped to catalyze this shift.

In summary, we believe that the XVIth International Conference on AIDS will indeed have legacy and will be looked back on as a turning point in the global battle

against the HIV epidemic. Furthermore, it is important to continue to support the International AIDS Conferences, as events at which excellent science and social activism can join forces toward attainment of common objectives that include effective government policy. We are grateful to all those who worked with us to ensure the success of International AIDS Conference in Toronto 2006.

Authors and Disclosures

Mark Wainberg, PhD, has disclosed that he has received grants for clinical research and educational activities from GlaxoSmithKline and Boehringer Ingelheim. Dr. Wainberg has also disclosed that he has served as an advisor or consultant to Pfizer and Boehringer Ingelheim.

Helene Gayle, MD, has disclosed no relevant financial relationships.

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