



Sunday 20 July 2014 - 13:30-15:30

Satellite Sidaction @ AIDS 2014

**Toward 2020, Future Models for HIV
Research, Activism, Integration and Migrants
& MSM Programs**

Venue: Clarendon Room D&E



The global response to HIV has led to many outstanding models for health and development: the organization of scientific research; social mobilization; the involvement of people living with HIV in decision-making; the organization of health care services. However, 30 years after the Denver Declaration, AIDS exceptionalism might be over. Global challenges are numerous. Another comprehensive model is needed that to sustain the principles that have been constructed and that is appropriate for the next 20 years.

New ways of thinking are needed, built upon the foundation that has been constructed. As debates between vertical and horizontal approaches lead to poor outcomes, shouldn't we, on the contrary, avoid competition in favor of integration? How will HIV researchers be able to build stronger collaborations with those working on other diseases, and vice-versa? HIV activism may be less visible but what kind of mobilizations will be effective for the coming years? In Western Europe, where the HIV epidemic remains under control, what common and borderless strategies should be adopted to tackle the epidemic among migrants and men who have sex with men?

This satellite will raise the above questions through discussion of four topics, and will offer a unique opportunity to think about our future with high-level and committed speakers.

Co-chairs:

- **Mr. Philippe Meunier**, Ambassador for the fight against HIV/AIDS and Communicable Diseases, Ministry of Foreign Affairs – Paris – France
- **Mr. Eric Fleutelot**, Deputy CEO, International, Sidaction – Paris – France

HIV research toward 2020 - From the outset, the fight against HIV has benefited from the contributions of other disciplines to respond to the emergency. AZT, which was initially developed as an anticancer treatment, was the first HIV treatment. Subsequently, with considerable resources released against the epidemic, HIV research has grown considerably, developing multiple fields of research: on the one hand effective therapeutic strategies; and on the other new scientific basic knowledge in virology and immunology. Those advances are now benefiting research on other pathologies.

Today, HIV has become a chronic disease in many countries. The new challenges faced by researchers are to eradicate HIV from the body of infected people and to eliminate transmission. Those goals are huge and require cutting-edge scientific innovation. They have to be met in a resource-constrained environment.

As in the first days of the epidemic, the lifting of barriers between disciplines and fields and political will will be key elements needed to reach the end of HIV. The "Towards an HIV Cure" initiative launched by the IAS in 2010 is an important example. Launched by the IAS with its President Françoise Barré Sinoussi, it has opened new perspectives. Today teams that once competed now collaborate. Researchers in the field of infectious disease are interested in oncology and vice versa, in a joint work which is the key to future research.

Pr. Françoise Barré-Sinoussi, Inserm et Institut Pasteur – Paris – France

The future of social mobilization - How do we build an 'HIV justice' movement? Should we look back to prepare for the future? Is the current nostalgia for '80s (US-style) ACT UP protests the way forward? Do we look back even further to the 60s (May 68) or 70s (civil, women's and gay rights struggles) to learn about building bridges between social movements with a common enemy? We need to recognize that 'HIV justice' issues overlap with those of many other social movements (gay, women's, drug users, sex workers) and those working to reduce social and health disparities (poverty, racism, overlapping TB and hepatitis epidemics) have to build bridges and find common goals. The problem is (as it has always been) that those in charge of laws, policies and purse-strings stay in charge through 'divide and conquer'. We must be careful not to compete with each other, or say that one goal of social justice is more important than the other, even if we have our own focus. We must unite against common enemies and, in doing so, sometimes we find strange bedfellows. (For example, in the 80s, gays and lesbians in the UK supported the miners in their battle with Margaret Thatcher. Their support was surprisingly reciprocated.) We must acknowledge that in many places, and to many ears, 'human rights' is a dirty word. Because of this the future social justice movement will require us to fight fire with fire and provide strong arguments in the language of our oppressors, finding public health or economic arguments to win human rights and social justice battles. Activists don't have to scream and shout (but that can be effective). They can also be scientists, doctors and clinicians, or working in government. So we look to the future by making sure that all of us who care about HIV, human rights and social justice can find each other and work together.

Ms. Karyn Kaplan, TAG – New York City – USA

Integration... - The concept of integration has various interpretations depending of different perspectives.

From a PLHIV perspective, integration means the opportunity to access a various range of health services on the same site; it includes the possibility to be provided with comprehensive HIV care (medical, social and psychological) for both adults and children, TB diagnosis and treatment, family planning and sexual health services, maternal and neonatal care, together with nutrition services and other specialized services, like diagnostic and care of other co-infections (hepatitis) or comorbidities (including cancers).

From a public health and development perspective, integration may mean a better integration of HIV/AIDS services into existing healthcare infrastructures, so that both may benefit from potential synergy. In some settings, the integration of HIV services into primary care and the integration of vertical transmission prevention services (ex PMTCT) in routine antenatal care are already effective. Links and bridges, easy to build in theory, though implying a readiness to change from all stakeholders, would enhance efficiency, with fewer missed opportunities within the health system in terms of HIV diagnostics; or improvements in laboratory facilities benefiting care in other diseases. From a public health perspective,

the integration is less about eliminating vertical approaches than about enhancing and strengthening the integration of the AIDS response into global health and social efforts.

The concept of integration is currently a hot topic of debate among those planning how to sustain HIV care programs, especially in contexts where these programs are fueled by international funding. From a funding perspective, integration leads to a greater ownership at country level, including the capacity to pay (from domestic resources) and the ability to manage international funding. In a context where international funding exceeds the resources available in some countries, and given the success of some programs (PEPFAR / GFATM), the challenge of integration implies how to sustain the gains made, using successes as a source of inspiration for the funding of global health without taking the risk of slipping backwards with a resurgence of infections.

Dr Louis Pizarro, Solthis – Paris – France

Borderless strategy within Western Europe – Recent data and articles on HIV in Western Europe show a persistent epidemic, concentrated especially among MSM and migrant from sub-Saharan countries. Despite differences across countries, regarding those groups, HIV testing rates or accessibility to treatment, it seems necessary to think about common responses. The Action plan on HIV / AIDS in the UE 2014-2016 shows a clear involvement of EU against this epidemic. However, responses would be elaborated on a more local basis. Austerity policies have impacted Greece's, Portugal's and Spain's ability to maintain their own responses, and migrants were highly affected by those policies. Others countries could face similar cuts. At the same time, HIV among gay men is not limited by borders, in particular, considering the ability of this community to travel across Europe for specific events. Migrant sex workers travel also from one country to another. Migrant community-based organizations elaborate effective responses on national level, but transnational program are critically needed. For the coming years, western European stakeholders must build transnational actions.

Mr. Koen Block, European Aids Treatment Group – Brussels – Belgium