UNAIDS chief demands Harper put universal access on G8 agenda during UBC forum

UNAIDS chief Michel Sidibé told a blue-ribbon panel of world health leaders brought together by the BC Centre for Excellence in HIV/AIDS (BC-CfE) that Prime Minister Stephen Harper must put universal access to HIV therapies back on the Group of Eight (G8) agenda.

“As the host, Prime Minister Stephen Harper can set a bold agenda for the summit. The G8 commitment to universal access must be fulfilled,” said Sidibé, executive director of the Joint UN Programme on HIV/AIDS (UNAIDS).

“With five people newly infected for every two starting treatment, we have yet to break the trajectory of the epidemic,” he said on Friday, February 26 in Vancouver.

“Clearly, the status quo is failing, and nothing less than a quantum leap is needed to build on the progress made so far and to extend hope to millions of people whose lives depend on it.”


The daylong forum brought together B.C. political leaders and key international players in HIV research, health, innovation and policy to share new and compelling perspectives on the challenges faced under a shifting global health paradigm.

The Honourable Kevin Falcon, B.C. Minister of Health Services, introduced other members of the B.C. government in attendance: The Honourable Moira Stilwell, Minister of Advanced Education and Labour Market Development; The Honourable Ben Stewart, Minister of Citizens’ Services; and MLA Ralph Sultan.

Falcon noted that the government’s high-level representation reflects how important combating HIV is to the B.C. government, which recently funded and announced a $48-million Seek and Treat program under the leadership of the BC-CfE.

The Seek and Treat pilot will expand access to highly active antiretroviral therapy (HAART), the gold standard in HIV and AIDS treatment, among hard-to-reach populations, including sex trade workers and injection drug users in the Downtown Eastside and Prince George.

Dr. Nora Volkow, director of the National Institute on Drug Abuse, National Institutes of Health, and one of the keynote speakers, described her organization’s funding of a seek, test and treat program (fashioned on the BC-CfE concept) in the U.S. criminal justice system. She noted that many people who abuse substances and approximately 20 per cent of HIV cases go through the criminal justice system in the U.S. each year.

“At the end of the day if we do not address substance abuse, we will not be able to contain the HIV epidemic globally,” she said.

Dr. Julio Montaner, director of the BC-CfE, also a keynote speaker and one of the organizers of the high-profile forum, highlighted the importance of collaborative efforts and the great strides possible in global health when nations work together to halt the progression of HIV and AIDS.

“HIV is a truly global health challenge, and effective implementation and adoption of science, innovation and policy is required to overcome it,” he said.

The global summit, at UBC’s Life Sciences Building, was co-hosted by Dr. John Hepburn, vice president research & international, UBC, and Karimah Es Sabar, president, LifeSciences British Columbia.

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Dr. Evan Wood honoured for groundbreaking work on Insite

Dr. Evan Wood, a lead researcher at the BC Centre for Excellence in HIV/AIDS (BC-CfE) and co-director of the BC-CfE’s Urban Health Research Initiative (UHRI), was recently named Junior Doctor of the Year by BMJ Group, publisher of the BMJ (British Medical Journal) and one of the world’s foremost medical associations.

Dr. Wood was named the recipient of this inaugural award for his exceptional contribution to health care and public policy through his scientific evaluation of Vancouver’s Insite, North America’s only supervised injecting facility, and his groundbreaking research in HIV, illicit drugs and addiction issues.

BMJ’s Junior Doctor of the Year award is given to a physician who is early in their career and has done the most to improve the world we live in or inspire others.
**Expanded coverage of highly active antiretroviral therapy (HAART) was associated with a 50 per cent decrease in new yearly HIV infections among injection drug users. This was the result of a comprehensive population-based study, conducted by the BC Centre for Excellence in HIV/AIDS (BC-CfE) and recently presented at the 17th Conference on Retroviruses and Opportunistic Infections in San Francisco.**

The study also showed that increased HAART coverage led to a decrease in the community HIV plasma viral load in B.C., thus realizing HAART’s secondary benefit of HIV prevention among drug users.

““Our results collected over the last decade demonstrate that high levels of sustained viral suppression can be achieved and the emergence of drug-resistant HIV can be prevented through the appropriate use of modern antiretroviral regimens as currently recommended by the World Health Organization (WHO) coupled with adequate patient support,” said Dr. Julio Montaner, director of the BC-CfE. “These lessons are keys to the roll out of HAART around the world.”

Globally, drug users have been less likely to be prescribed HAART because many researchers and clinicians have argued that social instability related to illicit drug use can compromise HAART-related benefits. This has often meant worse health outcomes for drug users, including higher rates of HIV disease progression to AIDS and death.

But the results of this study point to the effectiveness of HAART in providing life-saving benefits to all HIV-infected people, including at-risk populations such as injection drug users.
As British Columbia’s Aboriginal health physician advisor, Dr. Evan Adams works with the provincial government and the First Nations Health Council to identify and overcome gaps in health outcomes and services for Aboriginals.

And few gaps are more significant than the staggering disparity in HIV-related outcomes between Aboriginals and non-Aboriginals. While Aboriginals make up 3.8 per cent of the Canadian population, they represent nearly 25 per cent of new HIV infections annually. Similarly, Aboriginals are significantly underrepresented in treatment and care. BC-CfE research has shown that Aboriginals who are medically eligible for treatment are half as likely to access life-saving highly active antiretroviral therapy (HAART) as non-Aboriginals.

“For the general population, HIV-related mortality is going down because of better care, particularly HAART,” Adams said. “But for First Nations populations, our HIV-related mortality is going up, even with HAART. So there are barriers to care, obviously, that need to be countered.”

Among under-serviced, hard-to-reach populations, such as those in Vancouver’s Downtown Eastside and Prince George, these barriers include addiction, psychiatric issues, and complex social factors that affect health care engagement.

Adams highlighted the need for multi-faceted approaches such as the BC-CfE’s Seek and Treat pilot program if efforts to overcome these barriers are to be successful. Social support, counselling, and addiction treatment must supplement medical services to optimize treatment uptake.

Adams also stressed the importance of providing care in a culturally sensitive and appropriate manner. For many Aboriginals who have suffered from abuse and historical traumas, the building of trust with health care providers is a necessary precursor to treatment.

“Every client is deserving of respect and dignity in their interactions with us,” said Adams.

> Quick Facts about Dr. Evan Adams

- B.C.’s Aboriginal health physician advisor since 2007
- Former president of Healing Our Spirit BC Aboriginal HIV/AIDS Society
- In addition to his medical work, Dr. Adams has enjoyed a successful acting career, including major roles in Smoke Signals, The Business of Fancydancing, and Da Vinci’s City Hall