

# tagupdate

NEWS ON TAG'S PROGRESS IN THE FIGHT AGAINST AIDS

## Can Antiretroviral Treatment End the HIV Pandemic?

Fifteen Years of Research on HIV Treatment as Prevention Offer a New Way Forward —by Mark Harrington

Since 1994 it has been known that anti-retroviral therapy can prevent HIV transmission. This was first demonstrated with AZT in 1994, then with single-dose nevirapine in 1998; however, this effect was only seen in mother-to-child transmission.

Studies in primates since 1994 have suggested that one or two antiretroviral (ARV) drugs could prevent transmission of an HIV-like retrovirus both before and after exposure, and there are large ongoing studies in humans that examine the effects of pre-exposure prophylaxis in preventing HIV transmission.

In 2002, three statisticians published a paper in *The Lancet Infectious Diseases* that posed the question, Could Widespread Use of Combination Antiretroviral Therapy Eradicate HIV Epidemics?<sup>1</sup> The question was provocative because many people believed then (and still do) that “we cannot treat our way out of the HIV epidemic.” Using data modeled on the San Francisco epidemic among men who have sex with men (MSM), the authors—led by University of California biomathematician and evolutionary biologist Sally M Blower—wrote, “We conclude that ARV can function as an effective HIV prevention tool, even with high levels of drug resistance

and risky sex. Furthermore, *even a high-prevalence HIV epidemic could be eradicated using current ARV.*”

The authors noted, however, that the trajectory to eradication of an HIV epidemic in San Francisco would be lengthy—fifty to one hundred years.

The 2002 paper from Blower and her colleagues did not have an immediate impact on either domestic or international HIV policy. In the United States, attention was focused on efforts by the then new administration of President George W. Bush to shut down HIV prevention programs targeting MSM and drug users and moving funds toward promoting abstinence and fidelity. Early treatment for HIV was out of vogue;<sup>2</sup> federal guidelines recommended therapy only when CD4 cells dropped below 200–250/mm<sup>3</sup>. Internationally, efforts were focused on an interminable debate: HIV prevention, seen as more “cost-effective,” versus HIV treatment, unavailable to most of the world’s infected population of over 30 million.

By late 2008, the idea of treatment as prevention came back with a vengeance with the publication of a paper in *The Lancet* by Reuben Granich and colleagues

*(Continued inside)*

DEAR FRIENDS OF TAG,

We have experienced another productive yet challenging year at TAG. As you’ll read in the program briefs in this issue of *TAGUpdate*, each program has uniquely contributed to changing the global AIDS epidemic. Though we have worked hard in 2009, the work to be done has not abated; quite the contrary. During the last year’s economic crisis around the world, we have seen backlash against AIDS funding and political positioning to back off promises for treatment scale-up, both here at home and around the world; we have seen research funding remain flat; we have yet to see President Barack Obama follow through on campaign promises with regard to global health. But we are undaunted. TAG will continue to do whatever it takes to ensure that all people with HIV receive the lifesaving information and treatment they need until a vaccine and cure for HIV are a reality.

Our thanks to you, our committed supporters, cannot be understated in this turbulent period of AIDS treatment activism. We are more committed than ever to passionately confronting the barriers that prevent access to treatment and hinder research for HIV and its most prevalent coinfections. I thank you for your continued support and pledge that TAG will work tirelessly and relentlessly to cover the science, change the science, and eventually win the fight against HIV.

Barbara Hughes  
Board President

## WHAT'S INSIDE

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## IN BRIEF WHAT'S GOING ON

### POLICY PROJECT

## Fighting AIDS Backlash

The year 2009 has been an exciting and challenging one for TAG's U.S. and Global Health Policy Project. Early this year TAG hired Coco Jervis as senior policy associate to collaborate with policy director Sue Perez. The incoming administration of U.S. President Barack Obama implemented some exciting changes, such as lifting the 22-year-old U.S. entry and immigration ban for people with HIV. President Obama placed people in important jobs, including Tom Frieden (former New York City health commissioner) as the new director of the Centers for Disease Control and Prevention (CDC); Francis Collins (former director of the National Human Genome Research Institute) as the new director of the National Institutes of Health (NIH); Peggy Hamburg (former NYC health commissioner in the 1990s) as the new commissioner of the Food and Drug Administration (FDA), and Eric Goosby (first director of the Ryan White Care Act) as the new U.S. global AIDS coordinator within the State Department.

Over the last year, TAG Policy Project staff have developed critical working relationships with many of these individuals, their staff, White House officials, and key members of Congress who have influence over funding and policy decisions. TAG staff were invited to a host of domestic and international meetings, to participate, advise, and provide thought leadership to governmental, civil society, and global health coalitions. TAG collaborated with other global AIDS activists to begin building an evidence base to refute growing criticism that AIDS has received too much funding, to the detriment of other global health initiatives. TAG will continue to loudly voice the need to increase overall global health spending instead of decreasing AIDS funding. Finally, TAG is working with U.S. activist colleagues to ensure that President Obama's National HIV/AIDS Strategy includes a strong focus on sound research.

### HEPATITIS/HIV PROJECT

## Hepatitis B Guide in High Demand

Viral hepatitis is common among HIV-positive people: globally, 6 to 9 million people are coinfecting with HIV and viral hepatitis. End-stage liver disease from viral

hepatitis coinfection has become a leading cause of death among HIV-positive people.

TAG's Hepatitis/HIV Project worked diligently in 2009 to broaden access to care and treatment for viral hepatitis, oversee drug development, and address gaps in research.

In 2009, Tracy Swan and Lei Chou rolled out a viral hepatitis advocacy curriculum codeveloped with Thai Treatment Action Group and Thai Drug Users Network at a five-day workshop in Thailand. The curriculum, which has been translated into Thai, is designed to inform and promote advocacy for better first-line HIV treatment; access to prevention of, and diagnostics for, viral hepatitis; and care and treatment for the disease.

Lei Chou assessed hepatitis B research gaps in TAG's *Pipeline Report* and wrote TAG's *Guide to Hepatitis B for People Living with HIV*, which is in its second printing due to overwhelming demand. Tracy Swan continues to oversee the burgeoning hepatitis C drug pipeline, to push for early HCV trials in HIV-positive people, and to serve on the Food and Drug Administration's Antiviral Advisory Committee and the HAART Oversight Committee.

### TB/HIV PROJECT

## Shaping TB Research Priorities

In the third year of a four-year grant from the Bill and Melinda Gates Foundation, the TB/HIV Project further strengthened advocacy for tuberculosis (TB) research, policy, and programming. TAG brought together scientists and activists to focus research on accelerating the development of a TB point-of-care diagnostic tool—a groundbreaking yet inexpensive instrument that could lead to significant reduction in TB related illness and death. TAG participated in meetings to scale up research on TB in children, and collaborated to strengthen the research priorities of the Stop TB Partnership. TAG met with the National Institutes of Health and—in part, due to our advocacy—the NIH has committed to expanding the mandate of the AIDS Clinical Trials Group (ACTG) to include tuberculosis treatment and vaccine research. Broadening the mandate of the ACTG will have a major impact on the dearth of clinical trial capacity for TB.

TAG's fourth TB R&D resource tracking report, published in December, will keep the spotlight on the paucity of resources needed to adequately support TB research.

Having trained more than 100 activists from around the world, in 2009 the program staff focused on selected activist leaders to strengthen their activist fieldwork. Many of the newly elected community representatives of the Stop TB Partnership are activists who have participated in TAG workshops and training over the last two years. The TB/HIV advocacy project documented the collaboration with our partner, International Community of Women (ICW) Living with AIDS in Uganda to expand our collective ability to produce science-based activists who have the skill and courage to advocate for TB at the national level. This model includes case studies of what TAG-ICW trained activists have accomplished to prevent TB from continuing to be the leading cause of death among people with HIV.

### PALM HIV BASIC SCIENCE PROJECT

## Glimmers of Hope?

2009 saw the first glimmer of hope that biomedical approaches can protect against sexual transmission of HIV. In February, it was announced that a trial of the microbicide PRO2000 had shown a strong trend toward protection in women, although the efficacy was slight at around 30%. In September, similar efficacy was reported for an HIV vaccine combination in a large trial in Thailand, and in this case statistical significance was attained (albeit by the narrowest of margins). The project's weblog reported on these developments throughout the year in addition to tracking and explaining important new studies published in scientific journals. Project coordinator Richard Jefferys wrote TAG's response to a request from the National Institute of Allergy & Infectious Diseases (NIAID) for input into a new grant mechanism aiming to promote HIV cure research. Richard also collaborated with other activists from the AIDS Treatment Activists Coalition (ATAC) to ensure that entry criteria for a large therapeutic HIV vaccine trial were changed to assess cardiovascular risk factors and exclude individuals who might be placed at risk of illness by the study design. A collaboration with the TAG coinfection project was initiated to produce a comprehensive report on the emerging issue of aging and HIV.

(Continued from front page)

from the HIV Department at the World Health Organization (WHO) entitled “Universal Voluntary HIV Testing with Immediate Antiretroviral Therapy as a Strategy for Elimination of HIV Transmission: A Mathematical Model.”<sup>4</sup> The WHO team modeled an epidemic like that in South Africa but interposed annual HIV testing for all persons over 15 years of age with immediate initiation of antiretroviral therapy (ART) among those testing positive, and found that

the studied strategy could greatly accelerate the transition from the present endemic phase, in which most adults living with HIV are not receiving ART to an elimination phase, in which most are on ART, within 5 years. It could reduce HIV incidence and mortality to less than one case per 1,000 people per year by 2016, or within 10 years of full implementation of the strategy, and reduce the prevalence to less than 1% within 50 years. . . . [ref. 4]

The Granich paper received substantial attention in the media, and among scientists, policy makers, and activists. From 2002 to 2008, much had changed:

Treatment guidelines in the United States and globally had returned to recommending earlier initiation of therapy, most commonly now at ~350 CD4 cells/mm<sup>3</sup>, but with greater interest in starting even earlier.

Unprecedented scale-up of HIV prevention and treatment services had occurred between 2003 and 2008, with at least four million people in developing countries receiving antiretroviral therapy.

For each two people put on ART however, five more now became infected, and thus,—despite current scale-up—the epidemic was still spreading faster than it was being contained.

Despite much hope and hundreds of millions of dollars of research, there were no major breakthroughs in HIV prevention science except for the demonstrated ability of male circumcision to protect heterosexual men (but not women) from acquiring HIV.

In early 2009 the International AIDS Society held a consultation on HIV treatment as prevention where a pioneering program by the British Columbia Centre for Excellence in HIV Research had been investigating the impact of HIV treatment on transmission for several years.

There were strong scientific and political reasons to reexamine the impact of ART on HIV prevention.

One of the goals of the B.C. study was to find out how to more effectively reach those who needed ART but were not accessing services. Thus, redefining ART as prevention might provide incentive for individuals to come forward for testing. It might also provide an added impetus to integrate HIV testing, referral, treatment, and prevention services. The goal would be to benefit individuals by treating their HIV infection earlier, and to benefit society by reducing HIV transmission, thus shrinking the epidemic.

Alternatively, treatment as prevention provided a new and powerful argument for continuing to scale up both HIV treatment and prevention programs around the world despite the ongoing economic crisis and the attendant cutbacks in health programs worldwide.

There were important differences between the models used by Velasco-Hernandez and colleagues in 2002 and Granich and colleagues in 2008. The former estimated that it would take 50 to 100 years to eradicate HIV, while the latter found it could be done in only 10 to 20 years. The 2002 paper looked at a concentrated epidemic, while the 2008 paper looked at a generalized one.

Nonetheless, both papers suggested that practical work needed to begin to more effectively quantify the impact of continuing scale-up of ART among HIV infected people and how it changed patterns of HIV transmission.

In Geneva, the WHO convened a three-day workshop on ART as prevention on 2–4 November 2009 that included researchers and activists. François Dabis of the French National AIDS Research Agency reviewed several studies already underway and some

new ones designed after the Granich model was published. These studies will hopefully shed important light on the issue of treatment as prevention.

In an important contribution to the Geneva discussion, activist Paula Akugizibwe of the AIDS and Rights Alliance of South Africa reminded us that human beings have great capacity to mess up good science and human rights, and suggested interventions to improve the context within which universal testing and treatment (UTT) might be introduced.

Akugizibwe questioned why the WHO proposed to move ahead UTT without first resolving why we are still so far from universal access to HIV prevention and treatment that was to be achieved by the end of 2010. According to Akugizibwe, we should be looking at why only 40% of those with HIV who need ART (according to *current* WHO guidelines—those diagnosed as having AIDS, or below 200 CD4 cells/mm<sup>3</sup>) are receiving it. “How do we repair the foundations of the HIV response to allow for more ambitious goals?” asked Akugizibwe. Clearly, the studies being designed and presented in Geneva did not yet adequately address the human rights and social contexts within which UTT would take place.

The new paradigm of UTT for both individual and population-level benefit potentially offers an exciting synthesis that could lead us—along with continuing scale-up of HIV prevention and treatment efforts and redoubled research—closer to the end of the pandemic. ●

1. JX Velasco-Hernandez, HB Gershengorn, SM Blower. “Could widespread use of combination antiretroviral therapy eradicate HIV epidemics?” *Lancet Infect Dis* 22002;487–493; <http://infection.thelancet.com>.

2. Harrington M, Carpenter CC. “Hit HIV-1 hard, but only when necessary.” *Lancet* 2000;355(9221):2147–52.

3. *U.S. Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*, p. 39, table 6: Indications for the Initiation of Antiretroviral Therapy in the Chronically HIV-1 Infected Patient. 23 April 2001; <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL04232001008.pdf>, accessed on 20 November 2009.

4. Granich RM, Gilks CF, Dye C, De Cock KM, Williams BG. “Universal voluntary HIV testing with immediate antiretroviral therapy as a strategy for elimination of HIV transmission: a mathematical model.” Online: *The Lancet*, November 26, 2008; DOI:10.1016/S0140-6736(08)61697-9. Print: *The Lancet* 2009;373(9657):48–57.

Presentations, background material, and follow-up documents from the WHO consultation on ART as prevention are available online at <http://www.who.int/hiv/events/artprevention/en/index.html>.

## TAG IN THE NEWS

*Financial Times*

### ViiV vows joint venture will help fight HIV

November 3, 2009

“ViiV, initially 85 per cent controlled by GSK and 15 per cent by Pfizer, combines the former’s well-established group of existing HIV medicines with the latter’s portfolio of drugs, which are largely still in development... That raises [the] issue: whether in the long term Pfizer and GSK could seek to sell off their joint venture and leave the field entirely. GSK said there was no such “exit strategy” being considered.”

Mark Harrington, head of Treatment Action Group, a New York-based charity, says: “We want to know if they’re trying to spin off a less profitable line to focus on more lucrative targets. “We’d love to be proved wrong here. With ever earlier recommendations to treat HIV, novel compounds for treatment and prevention are urgently needed.”

*Associated Press*

### Hard-to-Cure TB Poses New Global Health Threat

### TB: An Old Disease Poses New Global Health Threat as Hard-to-Cure Strain Spreads

March 30, 2009

An estimated half a million people in the world are already infected with drug-resistant TB, nearly a quarter of them in China. Most are still waiting for help, which only increases the risk.

Less than 5 percent of people suffering from drug-resistant TB worldwide are properly treated, said Mark Harrington, executive director of Treatment Action Group, a U.S.-based health advocacy group.

“So most of the people are going around coughing and spreading multidrug-resistant TB,” he said. “But most countries have not yet started to take it seriously.”

## TAG EVENTS

SAN FRANCISCO, CALIFORNIA

### Celebrating Mark Harrington and Barbara Hughes



Board President Barbara Hughes with long-time TAG donors Judith Harrington, John, and Carol Field.

In early October, board member Alby Maccarone hosted an evening to honor the work of Barbara Hughes, TAG’s board president and Mark Harrington, TAG’s executive director. More than 30 people from the San Francisco area attended the event which included Daniel Lee from the Levi Strauss Foundation, Mardi Kildebeck from the Mary Wohlford Foundation, staff from Project Inform along with many of TAG’s long-time supporters. One of Mark’s colleagues from the original ACT UP Treatment and Data Committee (from which TAG evolved) who is now a physician with a practice focused on HIV attended as well. The spectacular view of San Francisco bay from Alby’s penthouse floor was the perfect backdrop to celebrate Mark and Barbara’s strong leadership and dedication to TAG. We look forward to spending more time on the West Coast in 2010. If you are interested in hosting a TAG event on the West Coast, please contact us at 212 253 7922.

## TAG ACTIVISTS



A Site Visit in Zambia



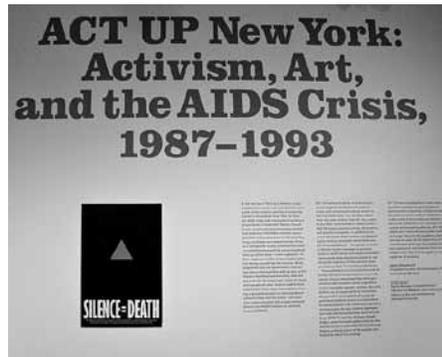
Role plays at an activist workshop



Building national advocacy strategies

## ACT UP Goes to Harvard

Twenty-two years after its foundation in New York City, the **AIDS Coalition to Unleash Power (ACT UP)** New York was the subject of an exhibition at the Carpenter Center for the Visual Arts in Cambridge, Massachusetts, sponsored by the **Harvard Art Museum**. Over 100 video interviews with ACT UP New York alumni taped for the ACT UP Oral History Project played in continuous loops on the ground floor of the Carpenter Center. Upstairs, a two-room exhibition displayed vintage ACT UP posters, videos, bumper stickers, bus advertisements, T-shirts, and other creations of the groundbreaking New York AIDS activist coalition, out of which came such organizations as **Housing Works**, the **Lower East Side Harm Reduction Coalition**, and the **Treatment Action Group (TAG)**. Joy Episalla, a veteran of the ACT UP affinity group **The Marys**, gave a talk at Harvard on October 17 in which she showed powerful video evidence of a series of political funerals conducted by The Marys for ACT UP members who died of AIDS in 1992–93, including David Wojnarowicz, Jon Greenberg, Mark Lowe Fisher, and Tim Bailey. Joy also collaborated with her colleagues Nancy Brooks Brody, Zoe Leonard, and Carrie Yamaoka in the women's art collective **fierce pussy**, which created four installations at Harvard.



Act Up goes to Harvard

TAG's Mark Harrington spoke on a panel about the May 21, 1990, ACT UP "Storm the NIH" demonstration, which led to activists and people with HIV being included in all levels of the National Institutes of Health's AIDS research planning, implementation, and dissemination. Also speaking on the "Storm the NIH" panel was journalist Garance Franke-Ruta, who works at the *Washington Post*; she described going through an old box of ACT UP materials,

and then displayed the *Countdown: 18 Months* report, which aimed to speed up research to treat and prevent five major AIDS-associated opportunistic infections. Holding up a "Countdown 18 Months" T-shirt, she noted, "This T-shirt is now as old [18] as I was when I last wore it." Former National Institute of Allergy and Infectious Diseases Division of AIDS director Jack Killen also spoke about what it was like to be on the receiving end of ACT UP's 1990 demonstration. The Harvard ACT UP show remains on exhibition until December 23, 2009. ●

Further information:

ACT UP Oral History Project: <http://www.actuporalhistory.org/>

*ACT UP New York: Activism, Art, and the AIDS Crisis, 1987-1993*: <http://www.ves.fas.harvard.edu/ACTUP.html>

**fierce pussy**: [http://printedmatter.org/news/news.cfm?article\\_id=315](http://printedmatter.org/news/news.cfm?article_id=315)



Joy Episalla

## TAG's New Senior Policy Coordinator: An Interview with Coco Jervis



Coco Jervis

TAG's newest staff member focuses on US health and HIV policies

*Tell us about your background?*

I started working in HIV advocacy in 2004 as an intern for the Whitman Walker Clinic in D.C. while I was studying at Howard University School

of Law. It was an incredibly eye-opening experience. What really struck me was the intersection of issues that affect the lives of people living with HIV/AIDS: poverty and homelessness, racial and ethnic disparities in health care, the burden of stigma, discrimination, high incarceration in the community—the depth and breath of advocacy work was far-reaching. After law school, I did HIV/

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TAG'S NEWEST STAFF MEMBER

**Coco Jervis**

*(continued from inside)*

AIDS advocacy work in Beijing, China, and upon returning to the U.S. started working with Gay Men's Health Crisis in NYC. At GMHC, I worked to expand access to Medicaid and Medicare for people living with HIV/AIDS. Prior to TAG, I also worked as director of policy at CHAMP, the Community HIV/AIDS Mobilization Project, engaged in grassroots community mobilization, policy analysis, and developing public policy positions on a wide range of issues including stigmatization and criminalization of HIV-positive people. One of the things that really attracted me to TAG was the scope of the policy project—and the opportunity to do more global policy work and reengage in the treatment and care side of HIV advocacy.

*What do you see as the most pressing issues in the domestic US HIV epidemic?*

Well, I worry about the spillover effects of the recent criticism that global AIDS has received far too much funding to the detriment of progress in other health

areas. I think sooner or later these same arguments will be used in regard to the domestic epidemic. We need to vigilantly fight against this trend by refuting these arguments of overfunding with evidence, and closely monitor the process, goals, and outcomes of the President's Obama's promised National HIV/AIDS Strategy as well as the implementation of health care system and insurance reform in the coming years.

*What do you want to see TAG accomplish on the domestic front over the next year?*

I'd definitely like to deepen TAG's HIV/hepatitis domestic advocacy, especially with regard to more funding for basic services, surveillance, education, and treatment. Additionally, more advocacy needs to be done to ramp up U.S. government funding for AIDS-TB-viral hepatitis-related research and development. Finally, I plan to continue work next year on health insurance reform to ensure the right to access for people living with and affected by HIV, TB, and viral hepatitis. ●

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## TAG BE INVOLVED

### About TAG

Treatment Action Group is an independent AIDS research and policy think tank fighting for better treatment, a vaccine, and a cure for AIDS. TAG works to ensure that all people with HIV receive lifesaving treatment, care, and information. We are science-based treatment activists working to expand and accelerate vital research and effective community engagement with research and policy institutions. TAG catalyzes open collective action by all affected communities, scientists, and policy makers to end AIDS.

TAG's project areas encompass antiretroviral treatments, basic science, vaccines, prevention, viral hepatitis, and tuberculosis.

### Contribute

TAG welcomes donations from individuals who want to see the AIDS research agenda remain responsive to the needs of all people living with HIV.

TAG is a not-for-profit organization founded in 1992 and based in New York City.

### Join TAG's Board

TAG is always seeking new board members. If you are looking for a great place to invest your time and talents, please call Barbara Hughes, TAG Board President, to learn more about Board opportunities with TAG.

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barbara.hughes@treatmentactiongroup.org

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