



Dr. Julio Montaner thanks the Honourable George Abbott for his support.

Minister Abbott opens international summit in Vancouver

The following are the opening remarks given by the Honourable George Abbott, Minister of Health, at the Vancouver summit (Feb 11 to 13, 2009).

It is a great pleasure to be here, and an honour to be a part of this gathering. Our government and myself are very appreciative of the important work that you are doing at this global Summit of experts convened by the International AIDS Society, the Global Fund, and the World Bank, and co-hosted by the Public Health Agency of Canada and the BC Centre for Excellence in HIV/AIDS.

I would also like to take a moment to acknowledge that we are gathering here today on the traditional territory of the Coast Salish peoples of British Columbia. It's very appropriate that you meet in Vancouver, which has a well-earned reputation for the internationally recognized leadership in the fight against HIV/AIDS. Of course, this leadership could not have been possible had it not been for the IAS President, Dr. Julio Montaner, and his colleagues at the British Columbia Centre for Excellence in HIV/AIDS a program at Providence Health Care.

Twenty-five years after the discovery of HIV, the Human Immunodeficiency Virus, the AIDS epidemic continues to afflict more than 33 million people worldwide, spreading at a rate of 2.7 million infections every year, so not withstanding the progress that has been made, this continues to be a huge, huge issue.

Among those who struggle every day, with the challenges posed by this terrible disease, there are more than 60,000 Canadians, including over 12,000 British Columbians. In Vancouver's Downtown Eastside, the prevalence of HIV among injection drug users is estimated at over 15 per cent,

among the highest of rates in North America. Our government is committed to reducing the spread of HIV and AIDS and ensuring those infected with HIV have access to the very best care and treatment.

Each year, we provide more than \$100 million in funding for the fight against HIV, and I am pleased to note that on a per capita basis, British Columbia funds one of the most robust responses against HIV in Canada. We are encouraged to see positive trends in our continued fight against HIV/AIDS. For example, HIV mother-to-child transmission of HIV has been virtually eliminated for HIV infected mothers who seek treatment in a timely fashion; that's a great step ahead. Between 2001 and 2007, the number of HIV tests performed in BC increased by almost 31 per cent. More HIV patients are accessing antiretroviral treatment in British Columbia, however there continues to be a large number of individuals infected who are eligible for treatment, but who do not, for a variety of reasons, access that therapy. Between 2001 and 2007, the number of HIV tests performed in BC increased by almost 31 per cent.

While an outright cure and an effective preventive vaccine remain elusive, the past two decades have seen tremendous progress in our ability to treat HIV/AIDS, and the most significant advance, I would suggest, has been the development of highly active antiretroviral therapy. This revolutionary therapy was pioneered in part by Dr. Montaner and his team at the BC Centre for

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Attendees of the 2nd IAS Global Experts Summit

Excellence in HIV/AIDS. HAART was incorporated into the international treatment guidelines unveiled at the 1996 Vancouver International AIDS Conference. As a result, HAART currently adds decades of healthy life to millions of HIV-infected individuals worldwide. Again, just a huge, huge step up in terms of the quality of life which so many millions can now enjoy.

In the past three years, the number of people accessing HAART has increased by 36 per cent. However, we cannot be complacent. The HIV/AIDS epidemic continues to grow relentlessly worldwide, including in British Columbia. This is particularly the case among vulnerable populations who have difficulties accessing care and services. In British Columbia, the Downtown Eastside, the West End and Prince George are among the most affected. Particularly troubling is the disproportionate burden borne by aboriginal British Columbians. While they represent less than 4 per cent of Canadians, they account for more than 25 per cent of new HIV infections nationally and near one third of those infections occur in British Columbia. Such figures paint a sobering picture and illustrate the need for bold innovations in the prevention and treatment of HIV/AIDS.

I've had the opportunity now to meet with Julio on a number of occasions and we've discussed at some length his plans with respect to HAART coverage for those vulnerable populations. In particular, he's calling for expanded HAART coverage to stop both the progression of AIDS among HIV infected individuals and to significantly decrease HIV transmission among their contacts. The success of this strategy will require targeted and comprehensive efforts aimed to engage traditionally hard-to-reach populations; notably, rural and urban aboriginal populations, the homeless, the mentally challenged and the drug addicted, among others.

The success of this approach will require co-ordination and linkages with partners from outside the health system that have significant contact with these populations. It will also, I believe, require an important partnership between levels of government—federal, provincial and municipal—as well as partnerships of course with the BC Centre for Excellence in HIV/AIDS, non profits and so on. To that end, I have written and have discussed directly with my counterpart in the Federal government, the Federal Health Minister, Leona Aglukkaq, that possibility. Leona, for those of you who don't know, was a former health minister in the Territory of Nunavut, and she brings remarkable knowledge and passion to her job, and I look forward to discussing the issues with her in the days ahead. I'm hopeful that we will be able to work towards partnering with the Federal government and the BC Centre for Excellence in HIV/AIDS on further developing and implementing these ideas. We all know that making investments early on can not only save downstream costs but also, more importantly, make real and immediate changes in people's lives.

So, again, in conclusion, I do want to say that you are doing tremendously important work here at this conference and back home where you are doing your work each and every day. We don't often enough, in government, say thank you to the scientists and the clinicians and others who play such an important role in improving the quality of lives that are the people that we serve. Thank you for your excellent work. Thank you for this opportunity to be a part of your conference today.

BC-CfE co-hosts International AIDS Society Global Summit

The BC-CfE was very proud to co-host, with the Public Health Agency of Canada, the International AIDS Society Second Global Experts Summit, "Leading by Example in the Public Health Approach to Antiretroviral Therapy."

The summit took place on February 11 to 13, 2009, at the Fairmont Hotel in Vancouver, B.C. Global experts gathered to develop consensus on a range of pressing issues affecting the delivery of antiretroviral therapy (ART) to people in need around the world.

"The Vancouver summit was convened to address the first of four policy-relevant priority research areas put in place by the International AIDS Society," explained Dr. Julio Montaner, IAS president and director of the BC-CfE. "This event brought together leading clinicians, community advocates, program managers, researchers, donors and agency representatives from all over the world to collaborate on a shared vision of universal, accessible treatment for people with HIV/AIDS."

The summit addressed the issue of unequal access to HIV/AIDS resources and care, acknowledging that only three million of the seven million people in low-and middle-income countries who are in urgent need of ART will receive the care they need. Over the course of three days, participants explored innovative research questions and tackled major challenges surrounding initiation, optimization and delivery of ART in low- and middle-income countries. The issue of when ART should be initiated, when a patient should be moved to second-line and salvage regimens, and what combinations and formulations were all discussed by leaders in the fields of research and treatment.

The rapid rollout of HIV treatment programs has presented unique challenges. Many countries do not have the health care or laboratory infrastructure to implement and monitor ART, a problem that will be compounded as more and more persons in need are placed on treatment, and as those currently on treatment require second-line and salvage ART regimens.

For these reasons, the international community has advocated, and increasingly implemented, a public health approach, in which simplified, standardized treatment strategies and decentralized service delivery can extend the benefit of ART to millions of HIV-infected individuals in resource-limited areas.

This summit was held with the intention of building on the public health approach by refining this strategy for treatment and care, identifying gaps in the knowledge and implementation that need to be filled, and working towards a universal consensus on best practices for initiation, optimization, monitoring and delivery.

Summit attendees were specifically tasked with identifying additional research required to maximize the preventive benefit of ART. In addition, they explored key actions they could undertake to strengthen the human and financial investment in capacity-building and implementation of a robust operation and research agenda.

Summit presentations and discussions were grouped around five themes: Maximizing the positive impact of ART on prevention; ART initiation; Optimizing ART drug regimens; Monitoring CD4, viral load, adherence and resistance in people taking ART; and Program implementation and health systems strengthening.

Outcomes of the global summit will be published in an upcoming issue of *Forecast*.



The summit brought together leading clinicians, community advocates, program managers, researchers, donors and agency representatives from around the world, including senior representatives from Global Fund, World Bank, World Health Organization, The Joint United Nations Programme on HIV/AIDS, the Clinton Foundation, the U.S. President's Emergency Plan for AIDS Relief, the National Institute on Drug Abuse, the National Institute of Health, and the Public Health Agency of Canada.

Message from Dianne Doyle, President & CEO, Providence Health Care



I would like to congratulate the International AIDS Society and the co-organizers of the recent Global Experts Summit in Vancouver, on a very successful and significant event.

In a time of global economic uncertainty and growing demographic and societal urgencies, international collaboration of experts from all disciplines is more important than ever in the global response to HIV/AIDS. It is through the strength of partnerships that we can meet the continuing need for innovation to address growing and future challenges for British Columbia, Canada and the world.

As home to the BC Centre for Excellence in HIV/AIDS, Providence Health Care is proud to support the IAS and honoured that the society's president, Dr. Julio Montaner, is one of our leading physician-researchers and director of the BC-CfE.

We are committed to working with Dr. Montaner and our local, provincial and national partners to develop new innovations in prevention, treatment and care to improve the quality of life for HIV-infected individuals.

Message from Stephen Toope, UBC President



The University of British Columbia is proud of its long-term partnership with the BC Centre for Excellence in HIV/AIDS, co-host of the successful Vancouver Summit, and

congratulates the BC-CFE for its groundbreaking research and policy leadership in the fight against HIV/AIDS.

The Centre's work has definitively contributed to transforming HIV/AIDS into a manageable chronic disease. Recently, the BC Centre has put forward the novel highly active anti-retroviral therapy strategy to expand treatment coverage to curb the growth of the HIV epidemic – a strategy that is rapidly gaining international support.

Under the leadership of Dr. Julio Montaner, UBC recently established the Division of AIDS (DAIDS), the first academic division of AIDS in Canada and one of only a few around the world. This is a tangible demonstration of UBC's commitment to promote academic endeavours targeting those in the greatest need not only in Canada, but throughout the world.

BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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what's new

Spring HIV/Antiretroviral Update

When: Monday, May 25, 2009, 8 a.m. to 5 p.m.

Where: Sheraton Wall Centre

Registration: online only at cfenet.ubc.ca

The Update is an open education event sponsored by the BC-CfE and accredited by the College of Family Physicians of Canada. It will feature guest lecturer Dr. Roy "Trip" Gulick, Chief of the Division of Infectious Diseases in the Department of Medicine, Professor of Medicine at Weill

Medical College of Cornell University and Attending Physician at the New York-Presbyterian Hospital in New York City. He is an active clinician specializing in HIV/AIDS and infectious diseases, and his research area of interest is antiretroviral therapies for HIV infection.

What's new welcomes event submissions from all HIV/AIDS-related agencies. Please e-mail submissions to info@cfenet.ubc.ca