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Closer to a cure

An expert tells **Meera Murugesan** that more co-operation and research is needed to find a cure for HIV/AIDS

A CURE for AIDS? It may seem elusive at the moment but recent developments suggest that a solution is real and possible sometime in the future.

Early last month, a group of American doctors made headlines when they managed to "cure" a baby born with HIV.

The baby girl, born in Mississippi, was treated aggressively with antiretroviral drugs hours after her birth and her viral count started to steadily decrease until it could no longer be detected after one month.

HOPE AND POSSIBILITY

The baby's case and that of the famous "Berlin patient," Timothy Brown, who was cured of both HIV and leukaemia after receiving a bone marrow transplant in 2007 from a donor with a rare, natural resistance to HIV, offers hope in the quest for a cure, says Bertrand Audoin, executive director of the International AIDS Society (IAS), the world's leading independent association of HIV professionals.

However, it's important to keep things in perspective, cautions Audoin.

In the baby's case, what was achieved was a "functional cure", meaning the virus had not been completely eradicated but was contained or held in check by the body.

In the case of Brown, while a cure was achieved, it remained a rare situation. Bone marrow transplants are long, painful and risky procedures as well as very costly.

"Both cases offer proof that a cure is possible but we are still far from finding a solution that can be imple-

mented on a large scale to all those with the virus," he says.

What's crucial is to find a cure that can be replicated on a large scale and is cost effective as well, adds Audoin.

Where cure research on AIDS is concerned, there are two directions to take. One is to find a way to completely rid the body of the virus and the other is a functional cure as in the case of the Mississippi baby.

With a functional cure, individuals would still have the virus but it won't affect their health and they will be able to live without the need to get treatment.

GREATER COLLABORATION

Audoin says in finding a cure, it's crucial that scientists from various laboratories worldwide work together to find a solution that's effective and economically viable.

A cure can even come from other scientific fields so it's important to work closely with cancer or tuberculosis researchers, for example.

"We are sure that the answer will not come from one lab but from a collaboration between different labs. We know it will take time but if we don't do it, we will never get there," he says.

One such platform for discussion and collaboration will be the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention or IAS 2013, which will take place in Kuala Lumpur from June 30 to July 3.

The conference will bring together leading scientists, clinical experts and researchers, and will be an opportunity to highlight the state of the HIV epidemic and the progress being made in HIV research and prevention in the Asian region.

Audoin says the conference is also an avenue to look at improving current practices, and make sure that

those working on a global level on HIV/AIDS are connected to those working on a local level.

It's one way to ensure, for example, that what is being discussed at World Health Organisation and UNAIDS (the Joint United Nations Programme on HIV/AIDS) is reflected in the programmes on the ground.

"Those who work locally should have the chance to impact people who make decisions at a global level and this conference is one of the best tools for that to happen," he says.

WOMEN AND HIV

One of the crucial issues in HIV/AIDS is transmission to women and children. Audoin says biologically, women are more vulnerable to HIV infection than men but there has been good progress made in terms of transmission from mother to child.

At the moment, if a HIV positive pregnant woman has treatment, there's less than one per cent chance that her baby will also be HIV positive.

In Western Europe, treatment for pregnant HIV positive women has been available for seven or eight years and in France, it has been five years since the last baby born with HIV.

Unfortunately, only one third of HIV positive pregnant women worldwide have access to treatment and this remains an issue to be tackled.

A STEP FORWARD

Audoin also points out that a lot of progress has been made in HIV medication.

Twenty years ago, there was only one drug, AZT, available to treat the virus. Today, a combination of three different drugs (combination therapy) is used to achieve greater benefits.

Audoin recalls the case of a HIV positive friend who, 10 years ago, had to take 85 pills a day, each with its own regiment.

Some had to be consumed immediately after he woke up, others before meals, some during meals and some every four hours.

The process was so time consuming and complicated that his friend had to quit his job, not because of his

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health but because he had to organise his entire day around his drug schedule.

These days, he only has to take six pills a day. It's a clear sign of how far we've come in HIV treatment,

While it's a huge step forward, the challenge now is to work on the cost and the development of new treatments for the virus.

IAS 2013 is organised by the International AIDS Society together with the Centre of Excellence for Research in AIDS (Ceria), established in 2007, to respond to the need for better understanding of the Malaysian HIV epidemic and to build local capacity in HIV-related research.

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For more information on the conference, visit www.facebook.com/conferenceIAS2013 or www.ias2013.org.



A woman (R) queues at the pharmacy at a clinic in Ga-Rankuwa, 100km north of Johannesburg during the launch of the new single dose anti-AIDs drug last week. The new pill will simplify the HIV treatment regime to just one life-saving pill a day.