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Battling on against HIV/AIDS

Dr Eric P. Goosby has a gargantuan task at the helm of the US' global drive to achieve an AIDS-free generation.

By **AUDREY EDWARDS**
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AS a doctor in San Francisco, Dr Eric P. Goosby (pic) became involved in treating HIV patients when the HIV/AIDS "bubble" first emerged.

Now, almost three decades on, he is still involved in the fight against HIV, his ultimate aim being to achieve a generation free of the virus. And he has since moved on from being a doctor in San Francisco to become the United States Global AIDS coordinator.

Recalling those early years of treating HIV/AIDS patients at the San Francisco General Hospital, he says the most difficult part of his job was coming face to face with so much death and dying.

"Up until the development of effective anti-retroviral (ARV) drugs in 1996, everybody who was infected died. It was not 10%, it was 100%. And it wasn't a death that took you quickly," he relates.

"It took three or four years and in that time, you were in and out of hospitals. Your hospital utilisation was extremely high – higher than any other disease. You would be successfully treated for an opportunistic infection, get out, and then be back in with something else."

He adds that while doctors became "very good" at diagnosing opportunistic infections, this did not prevent patients from dying.

As part of his efforts to treat HIV/AIDS patients, Dr Goosby conducted research in the 1980s and 1990s to look into anti-retroviral drugs and the correct way of treating opportunistic infections. That research laid the foundation upon which other researchers could build to find more effective drugs for HIV/AIDS, he says.

He also touches on the importance of putting science together with policy in fighting HIV/AIDS, as evident with the Pefar (US President's Emergency Plan for AIDS Relief) programme.

Launched in 2003 by President George W. Bush, Pefar holds a place in history as the largest effort

by any nation to combat a single disease, according to information on its website.

"The relationship between science and policy, and with the Pefar, translated that science and policy into programmatic impact," says Dr Goosby, who was by then directing the US strategy for addressing HIV around the world as Ambassador-at-Large and Global AIDS Coordinator.

In Pefar's blueprint for creating an AIDS-free generation, it is stated that "scientific advances and their successful implementation have brought the world to a tipping point in the fight against AIDS."

"The United States believes that by making smart investments based on sound science and a shared global responsibility, we can save millions of lives and achieve an AIDS-free generation."

He highlights the difficulty in "matching" the science and knowledge of how to diagnose and effectively treat and prevent infections with the needs of the population as one of the challenges in the stride to achieve the target of an AIDS-free generation.

"There has been a deficit in political will, a stigma preventing people from wanting to get tested, from not being identified, not being retained and cared for over time," he says.

The cost for testing and treatment is another problem.

Research in the US has led to effective treatment and lengthening of the life of a HIV positive person who is on treatment to about 78 years.

"If you don't get the drugs, you will be dead within 10 or 11 years from the point of infection, and opportunistic infections happen in about 18 months," Dr Goosby says.

On the issue of stigma, which is still a major concern in HIV treatment programmes, Dr Goosby stresses on the "extraordinary" importance of community in hav-

ing an ongoing dialogue with civil society to deal with it. This would

increase people's willingness to be tested, minimise their high-risk behaviour and prevent the spread of the virus.

Dr Goosby further advises that we must not lose interest in the fight against HIV/AIDS because an infectious disease could "rekindle" and return, as can be seen now with tuberculosis and malaria.

His role is to lead all of the international HIV/AIDS efforts of the US government. He also oversees the implementation of Pefar programmes and the government's engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria. Besides this, he leads the Office of Global Health Diplomacy at the US Department of State.

He has an extensive resume, listing among others his position as professor of clinical medicine at the University of California and his work to develop HIV/AIDS delivery systems in the US as the first director of the Ryan White Care Act at the US Department of Health and Human Services. (Ryan was the American teenager who became the poster child for HIV/AIDS in the United States in the 1980s.)

Globally, Pefar pours in US\$6bil (RM20bil) yearly in 78 worst-hit countries for HIV-related prevention, care and treatment services, Dr Goosby says.

He adds that the US supports 5.3 million people out of eight million individuals who are on treatment. Through Pefar, a total of 50 million blood tests for HIV have been carried out, resulting in the diagnosis of 730,000 HIV-positive pregnant women, which in turn prevented 230,000 babies from being born with the virus.

Money is also channelled through the Global Fund.

"We have been able to take the cost down globally from about US\$1,300 (RM4,300) per person per

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year to US\$300 (RM983) (the entire cost including drugs)."

The "slope" of new infections would be steeper if factors such as treatment and prevention – like preventing mother-to-child transmission, condom distribution and behavioural intervention in educating the high-risk groups – are not

done in a systematic way.

On a more positive note, he says that in the battle against HIV/AIDS, there is for the first time a "programmatic tipping point" with more people on treatment compared to those being newly diagnosed.

