

# POWERFUL POLITICS AT THE XI INTERNATIONAL CONFERENCE ON AIDS

David J. Walters, MA, MD, CCFP

## Abstract • Résumé

The XI International Conference on AIDS, held in Vancouver from July 7 to 12, 1996, produced encouraging signs of significant progress in basic, clinical and preventive science in the field of HIV infection and AIDS. The largest conference ever held on the global AIDS epidemic, it featured political and media highlights that served to focus the attention of participants and the public on controversial issues. Such political activity has become an expected part of international AIDS conferences and serves to remind participants and observers of the urgent need to continue the fight against AIDS.

La XI<sup>e</sup> Conférence internationale sur le SIDA, qui s'est tenue à Vancouver du 7 au 12 juill. 1996, a donné des signes encourageants de progrès importants des sciences fondamentales, cliniques et préventives dans les domaines de l'infection par le VIH et du SIDA. Cette conférence, la plus importante jamais tenue sur la pandémie du SIDA, a comporté des points saillants politiques et médiatiques qui ont servi à attirer l'attention des participants et de la population sur des questions controversées. Une telle activité politique est devenue un élément prévisible des conférences internationales sur le SIDA et sert à rappeler aux participants et aux observateurs qu'il est urgent de poursuivre la lutte contre le SIDA.

There is no question that the XI International Conference on AIDS was a media spectacle and political stage unrivalled in the health care field. As a participant, I felt overwhelmed by the scope of the meeting, which for a week filled Vancouver's football and hockey stadiums, ballrooms and hotel rooms and drained every urn of morning brew at (corporate-sponsor) Starbucks cafés.

The conference venues and, indeed, the whole city was festooned with banners and T-shirts proclaiming the "one world, one hope" theme — a slogan that, set against the cloudless surroundings of sea and mountain, lifted the spirits and expectations of the participants. Having joined the throng at registration, I was rewarded with a sturdy plastic identity badge (Durex), a capacious, multi-pocketed shoulder bag (Boehringer Ingelheim), a copy of the final program (Janssen-Cilag) and volumes of abstracts of encyclopedic proportions. Primed for the opening ceremony in GM Place, I grappled with the hope of scientific advances and sensed the fragile unity and the strength of the assembled army, poised to confront the rampage of AIDS once again.

The opening ceremony was dominated by a global perspective on the concerns of people living with HIV infection and AIDS — people from all walks of life

whose plight demonstrates that the epidemic wreaks havoc in men and women equally and is particularly quick to exploit disadvantaged people who lack access to the prevention, treatment and support programs available in the richer world.

What politics are spawned by this epidemiologic fact? First, the politics of access were highlighted in the videotaped words of Nelson Mandela, who voiced his fears that AIDS will reduce life expectancy in several African nations from 60 to 30 years, threaten the right of access to primary health care and the ability to provide quality of life for families and children and, indeed, challenge national dreams of political freedom. His words underscored the fundamental challenge of resource allocation faced to varying degrees by decision-makers everywhere. The issue of access to AIDS assistance is entwined in much of the world with an ongoing struggle for development. Delegates were awed by new estimates that 90% of new HIV infections will occur in the developing world (which claims only 10% of the world's economic resources) and that some of the most populous areas of the world, such as India, will have the largest number of new HIV infections.

Second, the politics of gender were strongly stated by

*Dr. Walters is director of Health Care and Promotion, Canadian Medical Association, Ottawa, Ont.*

*Reprint requests to: Dr. David J. Walters, Health Care and Promotion, Canadian Medical Association, PO Box 8650, Ottawa ON K1G 0G8; fax 613 731-1779; walted@cma.ca*

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conference officials and by women with HIV infection. Women bear the brunt of the devastating effect of this disease on families and have resolved to be excluded no longer from policy decisions regarding AIDS. The spread of HIV infection among heterosexual people has become the dominant pattern in most of the world, causing women and children to sink deeper into poverty and isolation when basic home supports cannot be mustered.

Third, the politics of business and research came under fire from Eric Sawyer of Act Up (the AIDS Coalition to Unleash Power), who decried the fact that a lack of affordable treatment leaves millions to die in poverty and isolation. Activist banners waved from the balconies, declaring "End the Greed," "Greed Kills," and "Greed = Death" and demanding that drug companies lower their prices. One by one the pharmaceutical company displays were plastered with accusing stickers calling for lower prices. Several eminent speakers quoted the late Canadian activist Jon Gates, who held that he would not want a vaccine or cure if it were not affordable, accessible and available worldwide.

Finally, Canadian politics were in the spotlight as BC Premier Glen Clark claimed that his province had the most progressive HIV policies in the world and stated that nothing could have prevented him from attending the conference. The strong ovation he received was a comment on the surprising absence of Prime Minister Jean Chrétien. Predictably, the stage was set for the embarrassment of federal Health Minister David Dingwall, who was greeted by the backs of several hundred activists yelling "shame" and with signs demanding the renewal of the National AIDS Strategy, which is due to wind up in March 1998. Although he made a plausible case for Canadian action on AIDS, citing the development of 3TC in Montreal, a strong effort to assist in international programs and imminent reforms to the blood system, this was overshadowed by his failure to articulate any reason for not pulling together a new national AIDS strategy or to state an intention to fund needed research and programs. All other political representatives on the program took the opportunity to demonstrate their support and to take advantage of the colossal media presence. In view of the solid boos that followed Dingwall as he left the podium, it is clear that Health Canada and the federal government will face immediate and sustained public activism as the cost of a perceived decline in commitment to this health priority.

Nevertheless, the conference was not dominated by recrimination and unrest. Participants were gripped by the pace of new research on treatments, their hopes bolstered by reports of effective programs. The euphoric finale of the closing ceremonies, in which massed choirs from Vancouver led the audience in a rousing anthem commissioned for the occasion, seemed to instil optimism and

solidarity: "We must be strong, We must belong, One voice to give a song to sing, One voice to give us destiny."

What is the meaning of the political theatre that surrounds HIV and the biennial extravaganza of the International Conference on AIDS? Does it help or hinder? Certainly such an intense and controversial atmosphere — one hard to duplicate in most scientific arenas — sharpens a sense of urgency. If it means that researchers, decision-makers, funders, health care professionals and patients come away with renewed resolve to pursue their own particular action in the fight against HIV, then it succeeds. If it broadens public awareness of the issues and builds support for the programs needed to stop the epidemic, then it succeeds. On both of these counts the XI International Conference on AIDS seems to have exceeded expectations, enlivening the delegation and dominating the interest of the popular media for an entire week before Olympic sprinters and saboteurs took over the front pages.

Two difficult controversies that were starkly displayed at the conference will require attention on the home front. The lines of advocacy are drawn with respect to the National AIDS Strategy, which has given broad support for a range of clinical, research and prevention activities. The great potential for prevention of HIV infection in young people, the growing range of available treatments and the productive efforts of Canadian researchers are powerful arguments for the renewal of such a strategy.

A second controversy concerns the accessibility and cost of drug therapy. There are signs that with expensive combination drug therapies and sophisticated viral-load testing to monitor the progression of the disease, HIV may prove to be controllable. There is no obvious way to judge the appropriate pricing of drugs: on the one hand, we need a multinational private-sector research engine; on the other, it is clear that costs will escalate far out of the reach of most people in the world. As physicians, we will want to use a variety of drug combinations in sequence to challenge HIV as early as possible in its effort to invade the body. This could well be the demand for 40 000 patients. How will they get access to these drugs, and how — at \$20 000 per year per patient — will this better part of \$1 billion be budgeted for?

These policy and medical issues will need to be addressed over the next year. The XI International Conference on AIDS was by all accounts the stimulating and involving learning experience it was designed to be. One can only imagine how the 1998 conference in Geneva, the home of the World Health Organization, will surpass it for scientific and political excitement. ■

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*Also in this issue is a report by Dr. Philip Berger on the scientific advances presented at the XI International Conference on AIDS.*