

The Inter-country Parliamentarians Workshop

The Challenges of HIV/AIDS - A Special Focus on Preventive Vaccines



*Bangkok, Thailand
30 - 31 October 2003*



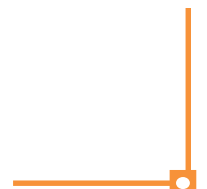


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Foreword

Mr. Yoshio Yatsu MP Japan

Chairman of the Asian Forum of Parliamentarians on Population and Development

A silent killer, HIV/AIDS has infiltrated across all boundaries and is continuing to spread on a global scale. The disease is not only reversing development gains achieved so far, but it also poses a serious threat to the future welfare and progress of our societies. The behaviours associated with HIV/AIDS transmission are, for the most part, socially unacceptable, and this places a major burden on the development of prevention programmes. For example, condoms are an effective barrier against HIV/AIDS infection, and yet their promotion remains a formidable challenge for numerous countries. The HIV/AIDS virus is shrouded in a cloak of silence and this propagates misunderstanding, apprehension and ignorance on the issues that so urgently need to be exposed in an open, honest way.



In recent years, a more in depth understanding of the AIDS epidemic has resulted in better-formulated prevention programmes including education, condom and clean syringe distribution and peer counselling. All these efforts have served to slow the advance of AIDS, but have not stopped it. Progress attained in the field of HIV/AIDS treatment has yielded important therapies, but the majority of these are unreachable to the people who really need them due to exorbitant costs and complexity of usage. Furthermore, in the developed countries where ARV drugs are more readily available, the side effects and increased viral resistance have raised concerns regarding their long-term use. Only an AIDS vaccine can put a stop to the destruction, despair and pain this disease has wrought upon our nations.

The challenges of HIV vaccine development are daunting, but scientists remain optimistic that they will be able to actualise a safe and effective vaccine. A growing number and variety of experimental vaccines are entering clinical trials in primates and humans, and more trials are exploring whether changing immunisation schedules, increasing booster doses or using a combination vaccine strategy can stimulate stronger, more durable immune responses. Together, progress in basic and clinical research is moving scientists closer to identifying products suitable for large-scale HIV vaccine trials.

HIV vaccines must be seen as a long-term tool to fight the HIV epidemic in conjunction with all other means available including all prevention methods, care and treatment, and microbicides. The HIV epidemic mandates a multi-sectoral response that is dynamic and inclusive, and accounts for diverse behaviours, values and social structures. Community involvement and mobilisation are, therefore, pivotal for AIDS vaccine research and development.

As parliamentarians, we can help to create a facilitating environment for HIV vaccine development. We must advocate for and support HIV vaccine trials if AIDS is to be defeated. Addressing the challenges of vaccine development will require our leadership at the national, regional, international and global level.

It is my sincerest hope that by bringing parliamentarians together from Asia, Europe and Africa to participate in this HIV vaccine-focused workshop, partnerships will be fostered and parliamentarians will be encouraged to take a more 'hands on' approach to HIV vaccine advocacy. Developing an AIDS vaccine to save lives and economies will be one of the world's greatest achievements – not to do so would be one of its greatest failures.

A handwritten signature in cursive script, appearing to read "Yoshio Yatsu".

❖ *Mr. Yoshio Yatsu MP Japan*
Chairman of AFPPD



Message from Mr. Seth Berkley President of the International AIDS Vaccine Initiative

Finding the global HIV/AIDS epidemic presents one of the greatest leadership challenges of our time. To date, it is one that the world has failed to meet. HIV/AIDS demands a comprehensive global response encompassing treatment, care and prevention. A vaccine to prevent the spread of HIV is essential if such efforts are ever to see a future end to the epidemic. An AIDS vaccine would be an international public good promising huge social and economic benefits to vaccinated individuals and beyond to communities, countries and the world. Yet, despite such promise, support for and investment in concerted AIDS vaccine efforts have been vastly inadequate.



The scientific challenges to finding and developing an HIV vaccine are great, but can be overcome with sufficient collaboration, focus and human and financial resources. However, turning scientific advances into vaccines that can save lives will require a new paradigm in delivering the benefits of new health technologies, particularly to the world's poor. Innovation on the political and scientific levels, and true global coordination are key for the success of this endeavour. The world has seen the deadly consequences of delaying action on access for other vaccines. These challenges, and the ever-growing severity of the pandemic, make the need for early and decisive leadership on AIDS vaccines essential at all levels.

Parliamentarians have a unique role to play by raising the level of political attention, and also by leading legislative action to promote an enabling environment for vaccine research and future access. Increased political support, especially in the South, is essential for overcoming the challenges of searching for and delivering a vaccine that is available to those who need it most. A global network of truly engaged parliamentarians can establish a new leadership paradigm for vaccines, one that is based on international collaboration.

I commend the organisers and participants in this workshop for taking an important step toward ensuring that parliamentarians are partners in the global search for an HIV vaccine that is accessible to all.

A handwritten signature in black ink that reads "Seth Berkley". The signature is written in a cursive, slightly slanted style.

❖ *Mr. Seth F. Berkley, MD*
President and CEO, IAVI

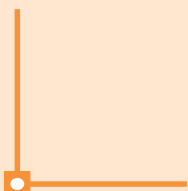


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Abbreviations

AFAO	Australian Federation of AIDS Organisations
AFPPD	Asian Forum of Parliamentarians on Population and Development
ART	Anti-retroviral treatment
ARV	Anti-retroviral (ARV drugs)
ASEAN	Association of Southeast Asian Nations
AUSaid	Australian Agency for International Development
BMA	Bangkok Metropolitan Administration
BVEG	Bangkok AIDS Vaccine Evaluation Group
CWDA	Cambodian Women Development Agency
ELISPOT	Enzyme-linked immunospot
EMEA	European Agency for the Evaluation of Medical Products
FDA	Food and Drug Administration
GDP	Gross Domestic Produce
HICC	HIV/AIDS Coordinating Committee
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
IAVI	International AIDS Vaccine Initiative
ICPD	International Conference on Population and Development
IDU	Injecting Drug User
IEC	Information, Education, Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
JTF	Japan Trust Fund
MOPH	Ministry of Public Health
MP	Member of Parliament
MSM	Men who have sex with men
MTCT	Mother to Child Transmission
NAC	National AIDS Commission
NGO	Non-governmental Organisation
OECD	Organisation for Economic and Cooperation Development
PLCPD	The Philippine Legislators' Committee on Population and Development
PLWA	People living with AIDS
PPAP	Person-to-Person to Advocacy Programme
RD	Research and Development
SARS	Severe Acute Respiratory Syndrome
SAS	Special Access Scheme
SEAPICT	South East Asia and Pacific Inter-country Team
SIV	Simian Immunodeficiency Virus
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TAVEG	Thai AIDS Vaccine Evaluation Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
VCT	Volunteer Counselling and Testing
WB	World Bank
WHO	World Health Organisation
WRAIR	Walter Reed Army Institute of Research

Executive Summary

Bangkok was the venue for the Inter-country Parliamentarians Workshop on HIV/AIDS where over one hundred and twenty participants, including forty MPs, gathered to discuss the AIDS situation in the Asia Pacific region, the measures necessary to address HIV issues and, most importantly, the potential development of an HIV/AIDS vaccine. The workshop took place on the 30th and the 31st of October and was organised by AFPPD in cooperation with the International AIDS Vaccine Initiative (IAVI). Parliamentarians from Australia, Cambodia, China, India, Indonesia, Lao/PDR, Malaysia, New Zealand, the Philippines, South Africa, Thailand and Vietnam participated as did officials and representatives from a multitude of NGOs, UN agencies, Embassies and the media.

The workshop commenced with addresses from various Thai dignitaries, the Vice-President of IAVI USA Ms. Kate Bourne, and Mr. Prithviraj Chavan, a member of Parliament from India. Senator Malinee Sukavejworakit, the Secretary General of AFPPD, highlighted some of the activities AFPPD has undertaken to enhance political commitment in the region for HIV/AIDS. She said that vaccine trials are essential if HIV/AIDS is to be defeated. Pol. Gen. Pracha Promnong, Thailand's Deputy Minister of Public Health explained that the development of an HIV/AIDS vaccine has been of the highest priority among the scientific community since the early 1980s. H.E. Maj. Gen. Manoonkrit Roobkajorn lamented the toll the virus is taking on youth and Ms. Kate Bourne emphasised the need to ensure that the vaccine, once developed, should be accessible to those who really need it. Finally, Mr. Chavan MP India said that parliamentarians must demonstrate strong leadership and explore avenues for further enhancing and strengthening cooperation to the HIV crisis.

Overview of HIV/AIDS in Asia was the first topic of the workshop and resource person Mr. Paul Toh Inter-country Programme Development Advisor for UNAIDS / SEAPICT gave the first presentation focusing on the AIDS situation in South and Southeast Asia, and whether enough is being done to combat HIV/AIDS.

Session Two was broken down into two parts. The first segment, presented by Prof. Emeritus Prasert Thongcharoen from the Ministry of Public Health, listed various methods for effective HIV/AIDS prevention, including education and behaviour modification, drug abuse treatment, condom usage, topical microbicides and vaccines. In the second segment, Dr. Jean-Louis Excler Medical Director of IAVI India informed participants that it would be prudent to consider HIV vaccines within a reasonable timeframe of availability in order to manage expectations and avoid creating false hopes. He added that between ten and twenty years from now may be required before there is any tangible impact on the HIV epidemic. This was followed by a presentation by Associate Prof. Pannee Pitisuttitham, who said that there are many reasons to remain optimistic about the development of an effective AIDS vaccine as several HIV candidates in early human trials have proven safe and immunogenic.

Following session two, participants were divided into two groups. The first group went on a site visit to the Thai AIDS Vaccine Trials' Phase I and Phase II Trial Center, while the second group was briefed by the Phase III Bangkok AIDS Vaccine Evaluation Group (BVEG).

The second day of the workshop began with a facilitated discussion on experiences and parliamentarians' key priorities with regards to HIV and AIDS vaccines. Parliamentarians shared country experiences and pinpointed discussed their roles in generating a facilitating environment for vaccine development and use.

Dr. Praphan Phanuphak, Director of the Thai Red Cross underlined the importance of parliamentarians being well-informed on the controversies and internationally accepted norms that surround HIV/AIDS in session four. They should also be aware of the raw, updated HIV infection statistics in their own countries he said. Dr. Surya Chandra MP from Indonesia then gave presented Indonesia's situation vis-a-vis HIV infection and outlined the actions the Indonesian Government is taking to combat the spread of the disease.

The media panel, comprised of Mr. Dillip Cherian, Media Expert from India, Mr. Tawee Jantrapromlin, Journalist from Thailand and Mr. Ajoy Bose, Advisor for Public Affairs IAVI, revealed how parliamentarians can use media channels to their advantage. It also demonstrated how parliamentarians could get key messages across and avoid misreporting or misquoting.

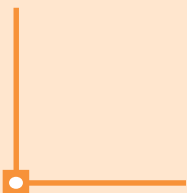
The Vice-President of IAVI Ms Kate Bourne identified key financial, policy and social resources that are needed to promote continued research in vaccine development in session five. She explained IAVI's mission and went on to

highlight the four prerequisites to developing country focus on vaccines: advocacy, science, industry, and access.

After Ms. Bourne's presentation, participants were divided into two working groups to come up with recommendations on accelerating research and development, and accelerating access. Each group then presented its findings and recommendations during the ensuing facilitated discussion.

The final substantive session focused on next steps and the regional and international mobilisation of parliamentarians. It also broached the upcoming Global AIDS Conference in 2004. Presentations were given by Thai Senator Meechai Viravaidya and Mr. Shiv Khare, the Executive Director of AFPPD. This was followed by the unanimous adoption and signing of a Call to Action.

The workshop drew to a close with a vote of thanks delivered by Senator Malinee Sukavejworakit, Secretary General of AFPPD.



Senator Malinee Sukavejworakit, Secretary General of AFPPD and Chief Advisor of the Senate Standing Committee on Public Health, Thailand



Dear Friends,

I would like to welcome you all here on behalf of the organisers of this important workshop of parliamentarians on AIDS vaccines. In the region, AFPPD, with support from UNFPA, UNAIDS, the Government of Japan and the Hewlett Foundation, has been active in the enhancement of political commitment for HIV/AIDS. I would like to share with you some of the successes that have been achieved with regards to HIV-related legislation and two good examples would be the cases of the Philippines and Cambodia, both of which have proposed and approved HIV legislation.



Senator Malinee Sukavejworakit

A unique programme known as Person-to-Person Advocacy, or PPAP, is currently being conducted by AFPPD in four Asian countries. The goal of this programme is to meet with every member of parliament in those countries and discuss with them, on a one-to-one basis, issues such as reproductive health, HIV/AIDS and population in order to gain insight of their own personal perspectives on these issues as well as take the opportunity to educate them further so they will be better equipped to tackle these issues in the future. The PPAP programme has come into fruition through funding from the Hewlett Foundation, which allocated one million US dollars for the running of the programme. So far, the results of PPAP have been diverse and very interesting, and its dynamism has enabled us to reach out to a maximum number of parliamentarians.

Our work with women parliamentarians is now taking on a new shape. Recently, in early October, a women parliamentarians and ministers conference was conducted in Manila. This conference was the culmination of our vigorous campaign on the elimination of violence against women. As a result of these efforts, three domestic violence bills are now underway, one of which has been initiated in Thailand with AFPPD providing support for its development. AFPPD has also greatly supported extensive HIV training projects for village level elected representatives, or as they are known in Thailand, 'Tambon leaders.' It is with great pleasure I can tell you that similar efforts are being exerted in other countries.

In the area of vaccine development, as the Chief Advisor of the Senate Committee on Public Health in Thailand, I can say I have always backed the development of vaccines for the prevention and treatment of this pernicious disease. Several vaccine trials are in fact underway in Thailand and this conference will create a unique opportunity for parliamentarians to discover not only what is going on in Thailand vis-à-vis vaccine development, but the status of global vaccine development as a whole. Through enhanced awareness and the acquiring of a more in depth knowledge, parliamentarians will be far better prepared to create an enabling environment for vaccine development and vaccine trials and, thus, further increase our chances of finding an effective cure for HIV/AIDS.

“Through enhanced awareness and the acquiring of a more in depth knowledge, parliamentarians will be far better prepared to create an enabling environment for vaccine development and vaccine trials and, thus, further increase our chances of finding an effective cure for HIV/AIDS.” ▼

Pol. Gen. Pracha Promnong, Deputy Minister of Public Health, Thailand



Distinguished guests and Members of Parliament,

On behalf of the Ministry of Public Health, the National AIDS Commission and the people of Thailand, it is my great pleasure to welcome you here to Bangkok for what I know will prove to be a memorable and historic workshop. I commend your willingness to commit time from already hectic and pressing agendas to attend.

May I express my appreciation to the leadership of the Asian Forum of Parliamentarians on Population and Development and the efforts of the International AIDS Vaccine Initiative for their initiatives and support of this important workshop.

Nearly 8,000 people die of AIDS worldwide every single day. The spread of HIV/AIDS is extremely alarming. Over 90% of the 42 million people estimated to be living with HIV/AIDS are in developing countries. It is therefore

imperative that we strive to control and reverse this common threat with utmost urgency. In your role as parliamentarians and leaders in your communities, you must demonstrate strong leadership and explore avenues for further strengthening cooperation to combat this crisis. On Thailand's part, we stand ready to cooperate and share our experiences in combating HIV/AIDS with other countries.

Development of a vaccine to prevent HIV/AIDS has been one of the highest priorities of the scientific community since the early 1980s. Small pox, polio, measles and hepatitis B are among the earlier global epidemics where preventive vaccines administered through national programmes have yielded positive results.



Pol. Gen. Pracha Promnong

Thailand, like many other developing countries, is in urgent need of an HIV vaccine to supplement its ongoing intervention measures. Annual HIV infection has dropped from 29,000 last year to 25,000 this year. But it remains too high and we are deeply concerned about the recent trend of HIV spreading within the adolescent population.

Thailand is a small country, but we are proud of the fact that we have declared ourselves as a partner in the search of global vaccines. The National Plan for HIV/AIDS Vaccine Development was implemented in 1993. We have worked diligently towards the research and development of safe, effective and affordable HIV vaccines while building up our national research capacity. These strategies and programmes have placed Thailand at the forefront of HIV vaccine research with universally recognised scientific and ethical standards. The driving forces behind Thailand's step-by-step policy initiative, capacity building, infrastructure development and legal framework, include strong political support, and the vision and dedication of Thai scientists from both the private and public sectors. A total of nine Phase I/II clinical trials were conducted and the first Phase III clinical trial to test effectiveness in preventing HIV of a gp120B/E vaccine is in the final stage with results expected at the end of this year.

“The daunting challenge of making effective vaccines accessible will require sustained regional and global collaborative efforts in creating an enabling environment.” ▼

On September the 29th, 2003, Thailand's second Phase III study and the world's largest community HIV vaccine clinical trial was launched. 16,000 volunteers in two eastern provinces will be enrolled. The study proposes to test the efficacy of the prime-boost concept using two different preventive vaccines, matched for Thai and regional HIV-1 of both subtypes B and E. Results obtained from this trial will directly benefit Thailand and other countries in Southeast Asia where these subtype infections are prevalent. They also indirectly provide the world with crucial information on the efficacy of this prime-boost strategy of HIV vaccines.

With HIV vaccine availability expected in the near future, there are several issues to be considered; vaccine accessibility, sustained behavioural prevention, and financing mechanisms. The daunting challenge of making effective vaccines accessible will require sustained regional and global collaborative efforts in creating an enabling environment. It will also require investment in the research and development of vaccines and it is imperative these vaccines are readily accessible to the people who really need it throughout the world, in particular in the developing countries.

Before ending my remarks, it is with great pleasure and pride that I announce Thailand will host the first International AIDS Conference ever held in Southeast Asia. This commendable conference will be organised by the International AIDS Society, the Thai Ministry of Public Health, UNAIDS as well as local and international organisations. We look forward to parliamentarians' support and participation in the 15th International Conference on AIDS in Bangkok, which will take place on the 11th to the 16th of July 2004.

Finally, I offer my congratulations for the organisation of this workshop, 'The Challenges of HIV/AIDS with a Special Focus on Preventive Vaccines.' In your role as parliamentarians, I would like to remind you that you have a unique opportunity to provide global hope. You can make a difference. Your support makes the discovery and the distribution of safe, effective HIV vaccines possible.

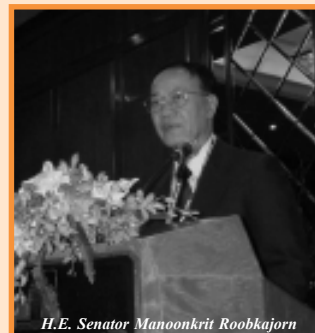
Once again, the Thai Government welcomes your presence and applauds your commitment. I hope this workshop will meet your expectations.

H.E. Senator Manoonkrit Roobkajorn, President of the Thai Senate



It is with great pleasure that I stand before you today at this important workshop where parliamentarians will be taking a deeper look at the HIV/AIDS situation and learn about the latest advances in the development of AIDS vaccines. It is my sincerest hope that the vaccine initiative will blossom and bear fruit.

As you are all well aware, the epidemic started in the mid 80s with particularly rapid growth among injecting drug users. In 1989, during the first epidemiological surveillance operation, it was discovered that HIV/AIDS was spreading with alarming speed and it was at this time that governments, with full political backing, then started to take effective measures not only in prevention, but also in treatment and care. Reduction in the number of HIV cases in Thailand was only made possible through not only the dedicated work of government agencies, but also the strong leadership demonstrated by our political leaders. As such, they deserve an equal share in the recognition of these efforts and we should acknowledge the many committed parliamentarians who have devoted themselves to working for the prevention of HIV/AIDS as well as the development of care and treatment. Senator Meechai Viravaidya and Senator Jon Ungphakorn are well renowned for their work in the HIV/AIDS field as is Senator Malinee Sukavejworakit who has, in the last several years, striven to minimise the impact of HIV/AIDS at the village level.



H.E. Senator Manoonkrit Roobkajorn

“The virus (HIV) is generally reaching our most productive age group and their income loss has a major impact on their family, the society and the nation as a whole.” ▼

The UN Economic Commission for the Asia Pacific (UNESCAP) has estimated that 7.5 million people are living with HIV/AIDS in the region. In East Asia and the Pacific, it is estimated that 700,000 new infections have taken place in the year 2000 alone, and if this figure is roughly calculated then in 2001 and 2002 there would have been 1.4 million new cases. If we have to meet the growing number of cases, which has a direct and devastating impact on economic growth, then the impact on an individual household is tremendous. The virus is generally reaching our most productive age group and their income loss has a major impact on their family, the society and the nation as a whole. The impact on labour, education, health section and rural areas affects government revenue and it exacerbates poverty and exploitation.

In order to meet the 21st century challenge, we need to have a multi-sectoral and multi-ministerial strategy. We need to:

1. **Involve all relevant ministers.**
2. **Have high-level ministerial involvement in National AIDS Commissions.**
3. **Develop HIV/AIDS cooperation across all ministries.**
4. **Have commitment from all Heads of State.**
5. **Integrate AIDS into National Economic and Development planning.**
6. **Integrate HIV/AIDS impact assessment of major development projects.**
7. **Allocate AIDS budget in all ministries.**

To achieve this we need strong political will and this political will can be realised with your help. You are the elected representatives of the people and you can support or press your respective governments to work out an effective strategy to prevent AIDS from spreading, and if unfortunately this does not happen, then care and treatment should be provided to those infected with the disease and stigma and discrimination should not be tolerated.

In Thailand we have been able to achieve this to some extent. No one is thrown out of our hospitals and, whenever possible, treatment is given to HIV-infected persons. We hope that very soon in Thailand anti-retro viral treatment will be available to all. However, we all know that prevention is the ultimate panacea and prevention is possible if condoms are used in all our countries in the region. Additionally, we should develop preventive vaccines and it is my understanding that several such vaccines are currently undergoing experimentation. This is a light at the end of the tunnel. I am very confident that the human mind is capable of finding not only a preventive vaccine, but also a cure.

You have convened at this conference to learn about vaccines. It is my hope that you will leave here also desiring the development of a vaccine so your people may lead healthy and happy lives. I wish you all every success and I am sure a positive political climate will be generated for the development of HIV/AIDS vaccines as a whole.

Ms. Kate Bourne, Vice-President of the International AIDS Vaccine Initiative, USA

Thank you very much your Excellencies, the President of the Thai Senate, the Deputy Minister, and all of AFPPD. Thank you all for welcoming us to Thailand and for all your efforts in the organisation of this conference. I would also like to thank all the guests, and particularly the parliamentarians, who have travelled to be here for these two days to discuss this very critical topic. You are a key link between talk and action as we move forward. I would also like to mention the thanks of our President, Dr. Seth Berkley, who is unable to be with us today, but who sends his best wishes.



The International AIDS Vaccine Initiative, which is more shortly known as IAVI, was founded in 1996 by a group of people who were very concerned that the level of investment in scientific development and research for a preventive HIV vaccine was far too low, and also that none of the investment was focused on developing a vaccine for the countries where the epidemic was most severe. Today global investment in HIV vaccine research has increased by more than five times and numerous IAVI-supported trials have been conducted and planned in Kenya, Uganda and are planned in India, China and South Africa.

The work in these countries has demonstrated that they can conduct trials to the highest standards, that people will come forward and volunteer to participate and, most importantly, that political leadership at all levels is most essential to moving forward. It is especially important to move forward with a sense of urgency that is appropriate to the devastation being caused by the HIV/AIDS epidemic.

“HIV/AIDS presents one of the greatest challenges to global health, development and human well-being that we will face in our lifetimes.” ▼

But we face many challenges. The science is very difficult and as is the case with all scientific endeavours, we must try many times before we can find what will work. Also we are dealing with a disease that has a high degree of stigma attached to it. The epidemic is most severe in countries that face many other pressing health issues and competing claims on resources. It is also very difficult to maintain a focus on a long-term solution when we are faced with immediate needs.

HIV/AIDS presents one of the greatest challenges to global health, development and human well-being that we will face in our lifetimes. It demands a comprehensive response that includes continued emphasis on currently available means of prevention, care and treatment for those who are infected, and accelerated development of new prevention technologies such as microbicides and vaccines. Ultimately, if we are to control and eventually end the HIV pandemic, we must have a vaccine and, in order to have a vaccine, we must continue to invest time, expertise, money and political leadership.

I look forward to working with all of you over the next few days, learning from your experiences, hearing your perspectives and working together to devise specific, concrete actions that we can use to remove the barriers to the development of an HIV/AIDS vaccine that will be available and used by everyone who needs it.

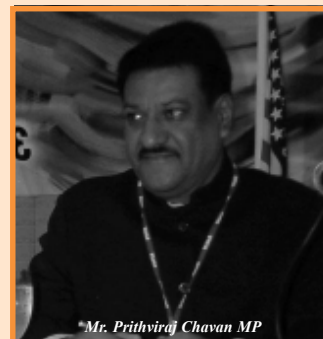
Mr. Prithviraj Chavan MP India

Distinguished guests, Members of Parliament, friends,

Twenty years ago, the first incidence of HIV was identified in the USA. Since then the world has been fighting the AIDS pandemic, but each year more and more people are becoming infected with the AIDS virus. It is estimated that ten people are being infected every minute, or about 15,000 people everyday. 94% of the 42 million people living with AIDS across the globe, live in the poorest part of the world; Sub-Saharan Africa, South and Southeast Asia, East Asia and Pacific, Latin America, and Eastern Europe and Central Asia. 95% of people living with AIDS do not know that they are infected.

I'm here to seek your support, your commitment, the commitment of your parliaments and your governments to fight AIDS and to end it within our lifetimes. The best way to fight HIV/AIDS is to develop a vaccine as soon as possible. But as you know, it takes between 10 to 35 years for a vaccine to be developed and for it to be made available in sufficient quantities. Vigorous efforts have been made to cut short this timeline to make it around 10 and 15 years. This will of course require a lot of funds.

The International AIDS Vaccine Initiative, IAVI, estimates that it will cost between 350 and 500 million dollars to develop a vaccine for world use by the year 2007. However, The funding for research on AIDS vaccine has been growing. In 1996, it was 175 million dollars, in 1999 it was 300 million, in 2001, it was 400 million dollars and according to the latest estimates, spending on AIDS vaccine today approximates 650 million dollars. That is about the cost of producing six Hollywood movies. Unfortunately, only a limited amount of these resources, approximately 5 to 10 million a year, is being spent on HIV/AIDS vaccine globally.



Developing countries should lead the battle in HIV vaccine development, as it is in these countries where more than 95% of HIV infections occur and where a vaccine is most needed. We have had some encouraging developments. The United Nations created the Global Fund to Fight AIDS, TB and Malaria in May 2001, and the total amount pledged to this fund has increased from 1.7 billion dollars in January 2002, to 4.7 billion dollars in July 2003. Already, projects worth 1.5 billion dollars have been approved in the first two years. 65% of these funds will be utilised for HIV/AIDS-related programmes and activities. Respectively, 61% of these funds will be assigned for use in Sub-Saharan Africa, 15% in East Asia and the Pacific, 10% in Latin America and the Caribbean, 7% in Europe and Central Asia, and 6% in South Asia. But this is not enough. More funding will have to be generated, and only then can a successful vaccine be developed and it is here that political commitment becomes very important.

Thailand and Uganda have displayed exemplary political commitment in the battle against HIV/AIDS. We, as parliamentarians, are elected by the people to represent their welfare, and we are important stakeholders. We must take over HIV/AIDS issues at local, national and international levels. We play various roles as parliamentarians. As political leaders we influence public opinion and perceptions as well as increase public knowledge on relevant issues. As legislators we pass laws in our parliaments. As advocates we mobilise the involvement of governments, the private sector, and civil society to discharge our social responsibilities. As resource mobilisers, we strive to allocate resources to support and enhance welfare programmes. As public figures, we attract media attention and are able to convey our message to the people in a much better way. Intense political support is required for accelerated development of vaccine.

In the month of May 2002, an international policy maker's conference on HIV/AIDS was organised in New Delhi, India. The conference was witness to parliamentarians committing to strive for a world without AIDS. The New Delhi Declaration, which laid down concrete guidelines and steps for governments and communities on HIV/AIDS and related issues, was also unanimously adopted.

We, in India, have formed a parliamentary forum on AIDS, and the Prime Minister, Mr. Shri Atal Bihari Vajpayee has called for a special session in Indian Parliament to discuss the issue of HIV/AIDS. The session would aim to chart out legislation, to deal with the rights of people living with AIDS, and also generate awareness on the disease.

Laws and statutes, which discriminate against people living with AIDS, will be reviewed and it will also be ensured that people have the right to access AIDS vaccines.

Regulatory mechanisms for appropriate pricing of the vaccines and drugs when they become available must be worked out. There are issues revolving around intellectual property rights, and we must start paying attention to those issues. Most importantly, we must mobilise national and international resources to accelerate the process of AIDS vaccine development. We can and should allocate more of our national budgets. We will also have to work with civil society groups to raise public awareness about HIV/AIDS vaccines. We must educate and sensitise our electorate on the subject of AIDS vaccines, and, even more importantly, impending human trials – without human trials, vaccines cannot be introduced. We will also have to discuss policy initiatives undertaken by nations, including implementation and progress made, as well as remedial measures against AIDS in the international parliamentary arena, whenever we meet as parliamentarians. We must monitor adherence by governments and states to the express commitments made by them at various international fora. As we speak today, HIV/AIDS is spreading, and more people are being infected with the virus. We are in a race against time. We must hasten our efforts and pledge our support to the development and delivery of AIDS vaccine as soon as possible.

“Developing countries should lead the battle in HIV vaccine development, as it is in these countries where more than 95% of HIV infections occur and where a vaccine is most needed.” ▼



Session One

Overview of HIV/AIDS in Asia





Session One: Overview of HIV/AIDS in Asia

Mr. Paul Toh, Community Mobilisation Advisor, UNAIDS/SEAPICT
Moderator: Representative Patricia Sarenas, the Philippines

The HIV/AIDS epidemic in the Asia Pacific continues to expand while responses to the scourge remain inadequate. Among the 5 million people estimated to have contracted the disease in 2002, 1 million of them live in the Asian region, and with a cumulative number of 7.2 million persons living in the region since the pandemic began, the severity of the situation is blatant. Although the overall prevalence rate in Asia and the Pacific is still lower than 1%, prevalence rates as high as 30 to 50% among specific, high-risk groups such as intravenous drug users are not uncommon. Exacerbating factors such as poverty, population mobility, gender inequality, rampant STIs and a propensity to engage in unprotected sex in a large number of countries have served to make the Asian region susceptible to explosive HIV/AIDS epidemics. Effective vaccines could delay or cancel out these epidemics, but only if they are acceptable, accessible and affordable to the people who are at risk and vulnerable to HIV infection.

Mr. Paul Toh, Community Mobilisation Advisor for UNAIDS/SEAPICT, presented a comprehensive, generic picture of the HIV/AIDS situation in the Asia Pacific region. He explained that certain countries such as Thailand, Cambodia and parts of Indonesia are experiencing HIV epidemic rates of between 2 – 5%. The epicenter of the Asian HIV epidemic is in fact the Mekong region, but rates are increasing significantly in other parts of Southeast Asia, South Asia and the Pacific region.

“The hard truth is HIV does not discriminate, risk is everywhere, and the disease thrives on silence” ▼

HIV/AIDS continues to make inroads into Asia and this indicates the epidemic is dynamic, not static. This phenomenon is apparent when scrutinising the case of Nepal. In Nepal, the predominant HIV carriers are migrant labourers, individuals who cross national borders into India and back again. This clearly demonstrates population mobility is a contributing factor to HIV epidemics in some Asian countries. Commercial sex workers also represent an elevated level of HIV infection and transmission, particularly in countries such as Vietnam, where HIV is spreading rapidly in the cities. In Indonesia, intravenous drug use is a cause for concern as 53% of all HIV infections in the country are among IDUs. These changing routes of transmission highlight the fact that HIV/AIDS is a multifaceted disease and as such requires a variety of approaches in order to combat it.

Although the HIV/AIDS scenario is seemingly grim in the Asia Pacific region, there have been some success stories, notably in the cases of Cambodia and Thailand. In Cambodia, new infections halved from around 40,000 in 1995 to 20,000 in 2000. Thailand had been experiencing a soaring number of new HIV infections in earlier years, but thanks to its strong political will and vigorous campaigns, the country saw under one million current HIV infections in 2000. Had Thailand ignored its HIV epidemic and had behaviours not changed, the number of current HIV infections in that year would have reached over six million. In conclusion, Thailand was able to successfully avert over five million HIV infections.

The Thai and Cambodian epidemics have not followed natural history. Both of these countries had a strong political will to tackle HIV and their prevention efforts were well funded. A significant emphasis was placed on addressing sex work and behaviour change was widespread. Important lessons can be learnt here. Firstly, Asian epidemics spread through specific, identifiable behaviours and populations so these principal, high-risk groups and unsafe behaviours must be identified in each country. Secondly, Asian epidemics are vulnerable to focused prevention efforts. If a country can cultivate strong, political will and is prepared to allocate adequate funding to tenacious programmes and campaigns, the course of HIV/AIDS can be changed. Finally, prevention in Asia reaps huge benefits and the Thai and Cambodian stories are an excellent example of this.

Addressing HIV/AIDS necessitates political courage to ‘do the right thing.’ It is essential that prevention is effective, not easy, and this means focusing resources on the high-risk populations, no matter how hard they may be to reach. Approaches need to be pragmatic rather than dogmatic, and being open and honest about the extent of risk is crucial. The role of youth in the cessation of the spread of HIV/AIDS is very important for 50% of all new HIV infections occur in the 15 – 24 years age group. Sex work, intravenous drug use, and men who have sex with men are driving forces of HIV and as such young people need to know this and should be provided with life skills training. Additionally, alternatives to sex work need to be provided to young girls, and primary prevention of drug use must be strengthened. The hard truth is HIV does not discriminate, risk is everywhere, and the disease thrives on silence.



HIV operates on its own time scales and these may be measured in decades in Asia. Consistently, the potential of HIV has been underestimated and new outbreaks are still occurring, pointing to a lack of prevention efforts and a failure to learn from other countries’ experiences. Condom use is low in many countries, awareness is low in large countries, the coverage of prevention programmes remains limited and effective responses are in the minority. However, encouragement of resource mobilisation, accountability, documented impact of the epidemic, the support of appropriate and effective responses and maintaining a strong prevention focus in Asia can reverse the trend. The response from governments, parliamentarians, society and the individual person will determine the course of Asian HIV epidemics – the future is in our hands.

..... Discussion

Senator K.R.A. Naidu - Malaysia

I would like to know your views on the role of religious institutions and religious leaders in the prevention of HIV/AIDS.

Mr. Paul Toh - UNAIDS / SEAPICT

That is a very pertinent question, applicable to all countries where religion plays an integral role socially, politically and economically. I can cite an example of how religious leadership has contributed to the prevention of HIV/AIDS in certain religion-oriented countries. In Thailand, for instance, where 80% of the population is Buddhist, the first action taken in a religious context, was at the village level and involved the mobilisation of religious leaders and monks. This was greatly supported by the Buddhist Ministry in Chiang Mai and UNICEF. It was through the encouragement of Buddhist universities that monks from different temples were allocated to participate in HIV prevention campaigns. Some monks even came to the hospices and visited the HIV patients there. The immense support demonstrated by the monks and the villages for HIV prevention and care programmes was most heartening and boosted enormously the overall efforts of the Thai Ministry of Health’s endeavours to tackle HIV/AIDS in the country.

We are actually trying to replicate this kind of support in Malaysia as the Islamic religion features prominently in and has great influence over the country’s political regime. Involving religious leaders and working in this fashion is a step in the right direction in my opinion.

Mr. Andy Quan – The Australian Federation of AIDS Organisations (AFAO)

I noted during your presentation that you gave a number of very good explanations as to why it is necessary to focus on vulnerable populations if we are to prevent HIV epidemics from spreading. I would just like to make the point that conducting prevention campaigns and providing treatment to IDUs, sex-workers and men who have sex with men (MSM) not only

helps avert the epidemics in general, but is a good thing in itself as these groups form a part of your constituencies and as such should have their human rights respected and promoted as individual citizens.

“These groups (vulnerable populations) form a part of your constituencies and as such should have their human rights respected and promoted as individual citizens.”
Mr. Andy Quan
AFAO

Senator Jon Ungphakorn - Thailand

I think Mr. Toh was a little too polite during his presentation when talking about the issue of HIV prevalence among drug users in Thailand as injecting drug use is a major problem in this country. Frankly put, Thailand has failed to control the spread of HIV amongst its drug users and the reason for this is because drug-users in Thailand are treated as criminals. While there are highly supportive HIV programmes specifically for sex-workers, there are practically no harm reduction strategies or support mechanisms for HIV prevention available to IDUs. Additionally, needle-exchange programmes are non-existent and there has been inadequate education on the dangers of syringe sharing. These factors have all exacerbated the spread of HIV among IDUs, which in turn affects society as a whole.

This highlights the fact that unless drug-users are decriminalised, unless you respect the rights of every member of society to protect themselves from HIV, and unless you respect the rights of people living with HIV/AIDS, then controlling the HIV epidemic will be an incredibly arduous task. I believe, lamentably, that in all of our countries and all of our societies, we have a problem with respecting the rights of people living with HIV. In Thailand, for example, children who are affected by HIV in the family suffer greatly at the hands of social stigma, ignorance and discrimination. They often find it very difficult to enter into school and then being accepted is yet another issue they must

“Unless drug-users are decriminalised, unless you respect the rights of every member of society to protect themselves from HIV, then controlling the HIV epidemic will be an incredibly arduous task.”
Senator Jon Ungphakorn
Thailand



deal with. I think this is an issue with a common ring in all of our countries. Therefore, in order to deal with HIV/AIDS effectively, we have to take measures to promote the rights of people affected by HIV/AIDS.

Mr. Paul Toh - UNAIDS / SEAPICT

Thank you for your very enlightening comments on injecting drug use in Thailand and also on the stigma, discrimination and rights of PLWA. I completely agree with you that injecting drug use is an area the Thai Government has neglected over the years. Even with one of the world's best HIV/AIDS campaigns, the number of IDUs is rapidly increasing in Thailand while all other vulnerable populations are experiencing a decrease in HIV/AIDS incidence. Moreover, the stigma and discrimination connected to injecting drug-use further compounds the failure to provide adequate care and support to those who are blighted by drug addiction. The Thai Government will be providing ARV drugs for free, but one has to ask the question what is the likelihood of IDUs benefiting from this?

When it comes to HIV/AIDS, we are all equal and we should not determine one group as more important than another. It is irrelevant how a person contracts HIV; whether through injecting drug use, because you are a sex-worker or because you are gay. Everyone is individual, we all have rights and those whom are infected with the HIV virus have the right to medication and the right to proper care.

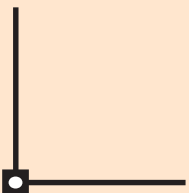
Rep. Patricia Serenas – the Philippines

I'd like to think that this initial session has already resulted in some good suggestions and ideas as to what we as parliamentarians can do to combat the scourge of HIV. We have spoken on the decriminalisation of IDUs and there has been talk of raising resources. I'd like to view these resources as not purely financial, but as resources around this room, for as parliamentarians there is an urgent need for us to become involved and ensure this pandemic is controlled in the Asia Pacific region.



Session Two: Part One and Two

Introduction to Vaccine Research, Development and the Clinical Trial Process





Session Two Part One: Introduction to Vaccine Research, Development and the Clinical Trial Process

Prof. Emeritus Prasert Thongcharoen, Chair of the Sub-committee on HIV/AIDS Vaccine Development, MOPH Thailand
Moderator: Ms. Patricia de Lille MP South Africa

Vaccine research is a highly technical, complex, risky and expensive field. In addition to the challenges of science, there are issues related to the ethical treatment of trial volunteers, information confidentiality, and the sheer volume of detail, data management and analysis as well as the potentially enormous regulatory hurdles involved in moving a candidate through the three-phase trial process. Science tells us a vaccine is possible. However, support from the global community in terms of committed resources and enabling policies is pivotal if the development of this vaccine is to materialise.

In his introduction, Prof. Thongcharoen explained that, as with any illness, prevention is better than cure. The human body already has a certain level of innate immunity and this is boosted either naturally through minor infections or through immunisation. This boosted immunity is known as acquired immunity. The lamentable truth is as of yet there's no cure for HIV/AIDS, but a vaccine could most certainly present a very effective way to deal with the world's current HIV/AIDS epidemics. The urgency to develop an HIV/AIDS vaccine is apparent when one considers the statistics. Globally, there are 16,000 new infections every day, 2,000 of which are in children under 15 years of age. Additionally, 50% of overall HIV infections are among the most productive age group of 15 – 49 years and 40% of these are among women. While HIV has touched every corner of the globe, it is important to bear in mind that 95% of total HIV infections worldwide occur in the developing countries.

Modes of HIV transmission vary. The predominant risk groups incorporate sex workers, IDUs and men who have sex with men, although risk is also involved with promiscuity, unsafe blood transfusions, and mother-to-child transmission. Therefore, effective approaches to HIV prevention include first and foremost education and behaviour modification, and the development of vaccines. This is closely followed by drug abuse treatment, provision of condoms and other barriers, sterile syringes, topical microbicides and interruption of mother-to-child transmission.

The search for an effective HIV vaccine is underway in many countries. So far, a number of immune effector mechanisms such as NAb, CTL, and ADCC, have been found to reduce HIV replication in vitro, but none has been shown to clearly correlate with protection in humans. The correlation of protection may vary with alternate vaccine approaches, but this may not be evident until a vaccine has been field-tested and proven to be efficacious. However, there are many reasons for optimism as there are sound scientific and strategic reasons supporting extensive efforts in HIV vaccine discovery and development. For example; immunisation is a well-established method of preventing viral infection and the eradication of smallpox is a good example of this. Furthermore, the human immune system may be capable of controlling HIV infection; passive transfer of anti-HIV or anti-SIV antibodies to chimps and monkeys has prevented infection under certain conditions; to date, several HIV vaccine candidates in early human trials have been safe and immunogenic; and biostatistical modelling suggests that even a partially effective preventive intervention could have a powerful effect on HIV epidemics.

As vaccine development is of a highly complicated nature, various scientific constraints are posed. Obstacles to consider in vaccine development include immune correlates, viral diversity, animal models, mucosal immunity and HIV pathogenesis. All of these have to be taken into account by researchers and scientists.

With regards to HIV vaccine trials, two aspects must be contemplated. The first aspect is international networking and cohort development. Researchers need to work together, compile their findings and exchange information if a truly effective vaccine is to be produced. Secondly, behavioural studies of potential vaccine candidates should be

“To date, several HIV vaccine candidates in early human trials have been safe and immunogenic; and biostatistical modelling suggests that even a partially effective preventive intervention could have a powerful effect on HIV epidemics.” ▼

“Researchers need to work together, compile their findings and exchange information if a truly effective vaccine is to be produced.” ▼



conducted as effective vaccines depend on several factors including compliance of volunteers with the vaccine regimen and individual efforts to avoid risk behaviour.

The vaccine development process is lengthy with basic and exploratory research requiring years, and even decades to complete. The procedure can be broken down into three segments; concept exploration, product development and allocation for licensing. Concept exploration takes between one to three years to complete, product development can take anywhere between five and fifteen years, and allocation for licensing has an indefinite duration.

A somewhat controversial issue vis-à-vis vaccine development is the ethical questions it evokes. Regulations governing the conduct of clinical studies and the conduct of non-clinical safety studies and in vitro studies are important in vaccine development. Good laboratory practices and manufacturing practices are essential as is ensuring confidentiality, data quality and clinical monitoring. Data safety monitoring boards, oversight committees and regulatory bodies oversee that good clinical practice is adhered to.

In conclusion, the discovery of an AIDS vaccine is probable, but there are many bridges to cross before attaining this goal.

..... **Discussion**

Mr. Wang Youchun MP - China

Which institute or authority has the right to decide whether an international manufacturer can conduct clinical evaluations in Thailand? Does the Sub-committee on HIV/AIDS Vaccine Development have this responsibility?

Prof. Emeritus Prasert Thongcharoen - MOPH Thailand

Yes. The Sub-committee is responsible for this. All aspects of prevention, treatment, policy and HIV/AIDS control in Thailand are covered by the National AIDS Commission, and it is under this umbrella that the Ministry of Public Health's Sub-committee on HIV/AIDS Vaccine Development was established.

The process is as follows: the National AIDS Commission has designated the Ministry of Public Health as the focal point of contact for those wishing to conduct clinical trials on HIV/AIDS vaccines in Thailand. Proposals for vaccine trials are forwarded to the Ministry of Public Health and in turn, the Ministry passes them on to the Sub-committee for consideration. The Sub-committee, using local experts, will then analyse the scientific rationale behind the proposal, which is then forwarded on to international experts for South Asia. The data collected will then determine whether the vaccine trial should be allowed to take place in Thailand or not.

Additionally, ethical issues pertaining to vaccine clinical trials are considered and dealt with by the Ministry of Public Health's Ethical Clearance Committee.

"Vaccines for the common cold and influenza have had far from dramatic results. With this in mind, just how effective will an HIV/AIDS vaccine will be?"
Senator K.R.A. Naidu - Malaysia

Senator K.R.A. Naidu - Malaysia

I have two points I would like to make, both of which require some clarification. Firstly, we are all aware that while some vaccinations such as those for smallpox, rubella and mumps have been very successful, others, such as those for the common cold and influenza, have had far from dramatic results. With this in mind, just how effective do you think the HIV/AIDS vaccine will be? Will we encounter problems such as viral diversity and mutation as we did with the common cold?

Secondly, am I right in my assumption that when you vaccinate, or intend to vaccinate, a person with an HIV/AIDS vaccine, this is in effect the introduction of a similar AIDS-like agent that will provoke an immunological response? How safe is this?

Prof. Emeritus Prasert Thongcharoen - MOPH Thailand

In reply to your first question as to whether an HIV/AIDS vaccine will be as efficacious as vaccines for other viruses, I am afraid I can't really answer that. We simply will not know the answer until we have completed the Phase III clinical trial currently underway. The Bangkok Metropolitan Administration (BMA) tested 2,500 volunteers with the DP120 vaccine three years ago and the analysis will be available at the end of this year (2003).

With regards to your second question, I can say that the HIV/AIDS vaccine will not enhance other infections, but whether it will prevent related retro-virus infections, again, I am sorry, but I can't answer this.

**Mr. Asungba Sangtam MP - India**

I am very heartened to learn of the energy and efforts going into the development of a vaccine to contain HIV/AIDS. However, once we have made that big breakthrough and an effective HIV/AIDS vaccine is developed, will the developing countries and the poor – those who are most affected by the virus – be able to afford this vaccine? Let us not forget that the people affected by AIDS are, for the most part, unemployed or from a low-income group so it would be very interesting to know whether this vaccine is going to be universally affordable.

Prof. Emeritus Prasert Thongcharoen - MOPH Thailand

The development of an HIV/AIDS vaccine requires substantial financing, time and energy, and it is true that the end result – the vaccine – will undoubtedly be expensive and, therefore, unavailable to many. However, there should be no discrimination when it comes to HIV and the vaccine should be easily accessible to both the rich and the poor. Therefore, it is essential to increase cooperation among the organisations developing the HIV vaccines so vaccine prices will drop, thus ensuring they are more obtainable to the rich and the poor alike.

Dr. Jean-Louis Excler - IAVI India

I would like to broach the subject of HIV vaccine safety. First of all, I would like to make it very clear that recombinant vaccines are safe and cannot transmit HIV in any case. For example, you cannot make a cat with just the tail of a cat. It is the same for the HIV/AIDS vaccines; we are just taking portions of the HIV virus to make the vaccine.

I would like to thank Prof. Prasert for his excellent presentation and congratulate Thailand for its extraordinary achievements over the past ten years, as it is the only country in the world to have initiated two efficacy trials in a row. HIV has no frontiers and it crosses any kind of barrier. However, international collaboration also knows no frontiers and this is something Thailand understood from very early on, resulting in an HIV/AIDS success story for the country. There is a lesson to be learnt here, and that is not to tackle HIV/AIDS alone. We must be open-minded to any kind of collaboration and we must make efforts towards it.

Let us not forget that the people affected by AIDS are, for the most part, unemployed or from a low-income group so it would be very interesting to know whether this vaccine is going to be universally affordable.”

**Mr. Asungba Sangtam MP
- India**



Session Two Part Two: Introduction to HIV/AIDS Vaccine Trials

Dr. Jean Louis Excler, Scientific Director of IAVI India

Moderator: Ms. Kate Bourne, Vice-President of IAVI USA

Dealing with HIV/AIDS is to deal with human rights issues and as such it is easy to understand why HIV vaccine research comes face-to-face with many obstacles and constraints. AIDS is responsible for the distress of millions of individuals and their families, significant social discord and growing economic burden. The HIV virus is accompanied by mystery and ignorance and this only serves to increase the fear, rumours, misunderstanding, and false expectations circulating among a very large proportion of people today. It is, therefore, not only essential to demystify the HIV virus, but also HIV vaccine research and development.

"Dealing with HIV/AIDS is to deal with human rights issues and as such it easy to understand why HIV vaccine research comes to face-to-face with many obstacles and constraints." ▼

The IAVI Research and Development Programme is placed under the auspices of several advisory bodies; the Scientific Advisory Committee, the Project Management Advisory Committee, and the Clinical Trial Advisory Sub-committee. Research and development activities range from applied research, animal studies, and medical affairs. IAVI has also set up a Core Immunology Laboratory in London with the goal of comparing immune responses elicited by different vaccines using robust, validated immunological assays such as ELISPOT. IAVI is fully committed to developing HIV vaccines for the world and to make them accessible to those in need.

The different vaccine concepts developed by IAVI come from various sources including academic institutions, biotechnology companies and pharmaceutical industries. Manufacturing and quality control are performed through contract manufacturers and laboratories or by biotechnology and pharmaceutical companies.

Several phase I clinical trials have been initiated over the past two years under IAVI sponsorship. These trials test different vaccine candidates for safety and immunogenicity in healthy adult male and female volunteers at low risk for HIV infection. Another vaccine clinical trial is the prime-boost concept, which has been tested with DNA + recombinant MVA HIV-1 subtype A, developed by Oxford University in the UK. Clinical trial tests are also expected to take place in India, the USA, Germany, Belgium, China and the UK in 2004. Thailand deserves special acknowledgment as it is a world leader and exemplary with regards to political and scientific commitment for HIV vaccine development.

"An inclusive and dynamic public ownership of the AIDS vaccine development effort can mobilise new energy and expertise for this process, and ultimately leads to better science." ▼

The conduct of efficacy trials will be the bottleneck of HIV vaccine development. We may have access to interesting vaccine concepts and have generated promising immunogenicity data, but unless vaccines can be tested for efficacy, this will be of a very little use. An intermediate step of the development process is constituted of feasibility studies which aim to assess local political stability and commitment, security, potential sites in a geographical region, accessibility, infrastructures, identifying appropriate population groups at high risk of HIV infection and suitability for efficacy trials. Feasibility studies are currently underway in Kenya, Uganda, Rwanda, Zambia, Tanzania, Malawi, South Africa, Cameroon, and soon in India.

The global scale and entrenchment of the HIV/AIDS epidemic mandates a multi-sectoral response that is dynamic and inclusive, accounting for diverse behaviours, values and social structures. Broad public involvement in AIDS vaccine development is therefore needed to support societal

obligation to develop new technologies for public, while also promoting other fundamental human rights related to biomedical research such as the right to voluntary, informed consent to participate in research. An inclusive and dynamic public ownership of the AIDS vaccine development effort can mobilise new energy and expertise for this process, and ultimately leads to better science. This imperative to engage multiple stakeholders in biomedical research is acknowledged worldwide. Subsequently, community involvement and mobilisation could be described as the pivotal point for AIDS vaccine research and development.

The most arduous task of community mobilisation is the exercise of trust building, which is enabled by multilateral partnership with local leaders including religious leaders, non-governmental organisations, community-based organisations and community health providers acting as bridges between the vaccine researchers and developers, and the community.



It is also prudent to consider HIV vaccines within a reasonable timeframe of availability in order to manage expectations and avoid creating false hopes.

Finally, an important message to keep in mind is that even if an HIV vaccine is made available, all efforts of classical prevention must be sustained, strengthened and expanded.

Dr. Pannee Pitisuttitham, Associate Professor, Faculty of Tropical Medicine, Mahidol University, Thailand

Various vaccine trials have taken place in Thailand since 1994, with the first phase III trial, of rgp120/alum-B/E, being held in 1999. A number of milestones must be overcome before moving to a phase III trial. The first step is to carry out a cohort study to identify, among the target population, if there is sufficient willingness to participate, sufficient HIV incidence and a high follow up rate. The phase I and II results will be heavily scrutinised, and finally there must be sufficient political commitment.

HIV vaccine R&D can be progressed by promoting collaboration between national and international institutes, building the necessary infrastructure and capacity. In Thailand, collaborations involve the Bangkok Vaccine Evaluation Group (BVEG), the Thai AIDS Vaccine Evaluation Group (TAVEG), the Ministry of Public Health (MOPH), and, externally, the Thai – Japan Collaboration.

The BVEG consists of the Bangkok Metropolitan Administration (BMA), Mahidol University, MOPH and its sponsor, VaxGen. BVEG is currently conducting a phase III trial of the AIDSVAX vaccine, and has screened 4,939 people and enrolled 2,545, with a loss to follow up of less than 5%.

TAVEG is a partnership consisting of Chiang Mai University, the Armed Forces Research Institute of Medical Science, and the Faculty of Medicine at Mahidol University. TAVEG has just begun phase III trials of ALVAC + AIDSVAX, and has significantly improved its technology transfer and capacity, including the development of an anti HIV lab, a safety lab and CTL assay.

The MOPH – TAVEG partnership is also conducting phase III trials using 16,000 participants in the Eastern Seaboard, sponsored by WRAIR, the Military Research Program. This is a randomised, double-blind placebo trial lasting three and a half years, currently in the recruitment stage. The MOPH has set up the trial registry and repository center, and lab safety systems. Clinical site development is occurring at eight district or equivalent hospitals in the Eastern Seaboard provinces.

“Political commitment is critical to the successful implementation of a (vaccine) trial.” ▼

Training for the trial must include good clinical practice, lab work and emergency response processes. Good clinical practice ensures that the trial is designed, implemented and reported so that there is an assurance that data is credible, and that the rights, integrity and confidentiality of the subjects has been protected.

Preparation of the community for the trial is carried out in close collaboration with the Community Development Organisation, and the HIV Infection Network. Community staff training is necessary, and awareness of the trial must be promoted.

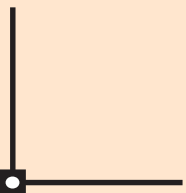
Many lessons have been learned so far. Political commitment is critical to the successful implementation of a trial. International standards can be achieved, provided that inter – country and international collaborations are developed, and the medical infrastructure is strengthened to the required level. Effective recruitment and follow up can be achieved by providing education, and being flexible and innovative throughout the trial.

Following the second session, participants broke into two groups to hear about the lessons and experiences learnt from the Thai AIDS vaccine trials. The first group travelled to the Phase I and II Vaccine Trial Center at the Faculty of Tropical Medicine at Mahidol University where they received a briefing on Trial Phases I and II to determine the efficiency of the AIDSVAX B/E vaccine. The second group remained at the conference venue to receive a briefing from the Bangkok AIDS Vaccine Evaluation Group (BVEG) on the Phase III Trial of AIDSVAX B/E vaccine in IDUs in Bangkok.



Session Three

Experiences and Parliamentarians' Key Priorities - Facilitated Discussion





Session Three: Experiences and Parliamentarians' Key Priorities - Facilitated Discussion

Moderator: Dr. David Apuuli, Director General of the Uganda AIDS Commission

Specifically focusing on recapturing the experiences of the site visit and briefings of the previous day, participants were encouraged to share country-by-country issues in the context of real life situations in a facilitated discussion. The role of parliamentarians in creating a facilitating environment for vaccine development was also debated.

Dr. David Apuuli - Uganda AIDS Commission

I come from Uganda, a humble country, but a country that has struggled heroically over the years against the scourge of HIV/AIDS. By 1992, Uganda's prevalence rate had risen to over 30% in some areas, but today, this has dropped to under 6%.

HIV/AIDS has a human face. In my family, four of my siblings have already succumbed. So, not only for me but for many of the Ugandan people, these lamentable deaths represent a sad indictment to the world's failure to control this virus that we know so much about.

Twenty years down the line and more than 60 million people have been infected by HIV and every year over 5 million new infections occur. Clearly, the world has nothing to congratulate itself about.

I think it is with a sense of urgency that we have all assembled here and, indeed, it would be very sad for other countries to experience what Africa has gone through. We should work together along with all those already infected with HIV to make sure that your country does not experience what Africa did. Uganda has already lost over one million people and there are more than one million people carrying the virus. Let's not allow this tragedy to duplicate itself in your country.

However, it is also a sad fact that in some countries where it was never imagined the virus would be at their front door, it is now knocking very hard. In areas of China and the independent states of the former Soviet Union, for example, the HIV stories are quite horrific.

Before coming here to Bangkok, I attended the 11th International Conference of People Living with AIDS, which is held every two years and was taking place for the first time in Uganda. All the voices I heard were calling out for ARV drugs. While we do not have the time to debate prevention versus treatment, I shall say that there is a need for concerted world effort to find a weapon to liberate mankind from this virus. In my opinion that weapon is an HIV/AIDS vaccine because those of us who are doctors are well aware that ARV drugs are not the solution.

I think the time has come where we must call on our governments and leaders and tell them not only do we want ARV drugs for our people, we want to ensure prevention efforts remain at the forefront and, most importantly, we want the development of an HIV vaccine realised. I would now like to invite Mrs. Patricia de Lille MP to say a few words.

Patricia de Lille MP - South Africa

Yesterday's site visit proved to be of great interest to me. However, there was much emphasis on the scientific and technical processes behind the development of an HIV vaccine, and while I appreciate that, I sometimes think that science is best left to the scientists and politics to the politicians.

Now, I would like to share with you some personal experiences from South Africa. As Mr. Apuuli said, we must put a human face to HIV/AIDS. Quite frankly, the statistics leave me cold and as members of parliament we need to move past just wearing red ribbons and lighting candles; we have to take concrete action and lead by example.

I personally sponsor an HIV+ baby myself and I also pay for treatment for one HIV+ mother. I believe that when you have that personal connection and contact with someone who is HIV positive, it changes your perspective and

"Every year over 5 million new infections occur. Clearly, the world has nothing to congratulate itself about."

Dr. David Apuuli - Uganda

"As members of parliament we need to move past just wearing red ribbons and lighting candles; we have to take concrete action and lead by example."

Ms. Patricia de Lille MP - South Africa



changes you on the inside as a person. It fortifies you and puts you in a better position to take on government and people who are reticent to believe that HIV causes AIDS.

As MPs, we should engage our governments, including opposition politicians, at a more positive level instead of just blaming them for not doing enough. We can do this by examining our government's policies and verifying what is and what is not being done in terms of these policies. The fact of the matter is while the majority of government policies are very good, more often than not they are simply inadequately implemented or implementation is very weak.

"Individuals, families, communities and even political leaders have turned their backs on HIV positive people who are forced to suffer ostracism, marginalisation and stigmatisation in silence."

Ms. Patricia de Lille MP - South Africa

What else can we as members of parliament do to fight against HIV/AIDS? We can help diffuse the stigma surrounding HIV. Individuals, families, communities and even political leaders have turned their backs on HIV positive people who are forced to suffer ostracism, marginalisation and stigmatisation in silence. In a bid to dispel this discrimination, I have personally called upon all parliamentarians in South Africa to undergo an HIV/AIDS test publicly because as leaders we need to demonstrate to the people that being HIV positive is not shameful and that by going for a test and determining one's status the disease can be dealt with at an early stage. We must embrace HIV positive people and we must make them feel important. Working with people infected with HIV will help change the direction of the pandemic and, ultimately, stop more people getting infected.

With regards to vaccine trial preparedness, communities and civil societies should be engaged and informed that when these trials are initiated, they will not result in the exploitation of the people, but are for the benefit of the nation as a whole. In South Africa the communities that were selected for clinical trials were visited and told that they were very important to the country and that what they were doing was for the good of the entire nation. There is a misconception that clinical trials are hazardous, and for this reason those participating in the trials must be made aware of the benefits. Furthermore, the ethical issues of these trials should be broached by members of parliament so that they may assure our communities that the peoples' constitutional rights will be protected. I would, however, like to point out that the Helsinki Agreement is not enough and in South Africa, we passed an Act of Parliament to strengthen this Agreement, thus ensuring our peoples' constitutional rights are held right up to the highest level.

In conclusion, I think as members of parliament, we should be proactive at a more practical level and not just attend conferences. However, when we do attend conferences there should be a mechanism in place to ensure the declarations and statements put together are actually acted upon and implemented by participating countries. Only then will we be able to pool people from around the world who can show they really care.

Dr. David Apuuli - Uganda AIDS Commission

The largest number of people living with HIV is to be found in South Africa so it was interesting to hear Hon. Patricia de Lille's opinions and experiences. I would now like to request Hon. Mr. Tim Barnett MP from New Zealand to provide us with some of his perspectives vis-à-vis the HIV and vaccine development-related issues policy makers and members of parliament face.

Mr. Tim Barnett MP – New Zealand

Before I came to this conference, I requested our Ministry of Health to brief me on the issue of vaccines from a New Zealand perspective and they furnished me with page upon page of information, of which only two were actually related to vaccines! This is perhaps an indicator that New Zealand is not very aware when it comes to HIV vaccines and, in many ways, this is probably because our experience of HIV has been the opposite to that of South Africa.

We were fortunate in that we were able to create a strong, legislative environment from early on and, as a consequence our HIV incidences have begun to decrease, as have those in Australia. But coming from the gay community, which has been devastated around the world by HIV, obviously there is a personal journey in this as well as a political one for me.

Yesterday, I was incredibly impressed with the devotion and expertise of the researchers as well as IAVI's absolute dedication to this work. I also appreciate the design of this conference, where yesterday we heard about the science and the processes behind HIV vaccine development, and today we move on to focus on our role as parliamentarians.



For me, there are six issues that are of particular importance. The first is the issue of ethics, and while I know there are international standards with regards to this, we can't forget that there is often a cultural edge. I certainly know that from the point of view of the gay community, there has been significant questioning with regards to traditional assumptions in medicine. This includes the long time scale involved in the development of new treatments due to the number of deaths this will surely mean. There are ethics surrounding the level of understanding of volunteers, around the vaccines themselves and around the people who contract HIV whilst participating in the programme.

The second issue is one of control, and somebody mentioned yesterday the idea of distributive justice; where those who are actually part of the tests receive the benefits if and when the benefits manifest. Furthermore, establishing the ownership of intellectual property is of vital importance.

Risk is the third issue I would like to highlight. I have heard people mention that supporting HIV vaccine programmes may be politically easier than addressing the other vital issues that come with a harm reduction environment. In the Asian context, for example, harm reduction among groups such as sex-workers, people with drug addictions and MSM, is particularly thorny due to the cultural and social taboos associated with these groups. Needless to say unless we are willing to focus on these issues then the impact of the vaccine will only ever be limited.

Adequate resources are essential to the smooth and efficient running of vaccine programmes and this brings me to the fourth point that I would like to bring your attention to. New Zealand doesn't have any vaccine programmes and, as such, should be providing resources to support programmes where they do exist. This is a message I shall take back with me to New Zealand.

The fifth crucial issue is access and equity of outcome. We don't want to create a vaccine which is only used by the Western nations, for instance.

My final point is we must continually urge our governments to act on all of the issues I have just mentioned. As a network of parliamentarians we can create a political best practice to back up the scientific best practice we all heard about yesterday.

Dr. David Apuuli - Uganda AIDS Commission

So these two accounts from South Africa and New Zealand constitute the opening salvos for this discussion. I would now like to request you all to come forward and voice your opinions on what you think is crucial with regards to HIV in your countries and globally. It is my hope that this meeting will help to create a critical mass and help generate activities both at the country-level and internationally.

Dr. Pandapotan Simanjuntak MP - Indonesia

In Indonesia, the HIV/AIDS situation has reached a critical level. We are addressing HIV issues in our country through the Parliament and the Indonesian Forum of Parliamentarians on Population and Development (IFPPD). Some of the work already conducted includes inviting PLWA from other countries to meet with them and discuss HIV/AIDS, and just before coming to Bangkok, we participated in a study visit to the Rio Province, during which we discovered that Indonesian males don't like using condoms. Whilst we wait for the development of this vaccine, Indonesia, along with IFPPD, will continue to promote 100% condom use.

I would like to congratulate New Zealand on their 'Prostitution Reform Act 2003'. Laws such as this one are urgently needed in order to regulate sex-workers and their clients.

HIV incidence in Indonesia is rapidly increasing due to intravenous drug use and in order to tackle this problem, we are proposing the provision of sterile needles to IDU groups. We are not condoning intravenous drug use, but as the majority of IDUs are young people we feel that the best way forward is through harm reduction. However, this type of harm reduction must be closely monitored and controlled by the policy-makers.

Information, communication and education are very important to Indonesians, especially our younger generation. We disseminate information on STDs, HIV/AIDS and the danger of narcotic drugs; we try to do it in such a way as

“As a network of parliamentarians we can create a political best practice to back up the scientific best practice.”

Mr. Tim Barnett MP - New Zealand

“HIV incidence in Indonesia is rapidly increasing due to intravenous drug use and in order to tackle this problem, we are proposing the provision of sterile needles to IDU groups.”

Dr. Pandapotan Simanjuntak MP - Indonesia



to incorporate moral, spiritual, religious and ethical values,

Finally, the Indonesian Delegation would like to propose that developing countries adopt WHO's recommendation of investing at least 5% of GDP - equal to 15% of government expenditure - in the health sector. The more we invest in the health and development sector, the sooner we will reap the benefits of economic growth.

Mr. Li Honggui MP - China

HIV/AIDS in China is a serious problem. High-level leaders in the Chinese Government and Congress are well aware of the gravity of the situation and, as such, some meetings have been held to work on the issue.

Last July (2002) a meeting on HIV/AIDS was held where HIV experts, high-level officials and other lawmakers discussed the HIV/AIDS situation in China and brainstormed potential legislation on HIV. In August and September, we organised several working groups in various provinces in order to investigate the HIV/AIDS situations there. We approached the local leadership and informed them of the importance of HIV prevention. We were able to extract a good deal of information from these local authorities, which was then presented to the Chinese Government and Congress.

Numerous efforts are being made in China to combat the HIV/AIDS problem, and our leaders from Congress, central government and local government participate wholeheartedly in these HIV/AIDS meetings. Indeed, it is through these meetings that we try to work out ways to solve HIV-related problems as well as amass as much information on the disease as we can. Our officials, in cooperation with UNDP, partake in training courses on HIV prevention, thus making them more aware of existing HIV programmes and putting them in a better position to modify or revise already established HIV legislation. The Chinese Congress will continue to contribute to HIV-related activities.

Dr. Jagganath Manda MP - India

India is the second largest, HIV positive-rated country in the world and as there is no treatment or vaccination currently available for HIV/AIDS, India realised it had to address HIV/AIDS in a big way. India currently works with a number of organisations for the development of an HIV vaccine, but as there is no panacea for HIV as of yet, it

also formed the National AIDS Control Programme, which focuses its policies predominantly on HIV prevention strategies.

"It is essential to make people aware of the implications of HIV/AIDS and it is also essential to provide them with the necessary tools to protect themselves."

Dr. Jagganath Manda MP - India

It is essential to make people aware of the implications of HIV/AIDS and it is also essential to provide them with the necessary tools to protect themselves. Moreover, controlling STDs among vulnerable sectors, promoting condoms as preventive measures, ensuring the availability of safe blood for transfusions as well as reinforcing traditional, Indian moral values among youth and other hard to reach groups among the population are equally important and have been discussed extensively in the Indian Parliament.

India is the second largest populated country in the world and as such each parliamentarian represents around 1.5 million people. Parliamentarians have an enormous role to play as it is they who can approach the people and disseminate the message about HIV prevention. Our parliamentarians have been interacting with the people on a frequent basis and the subject of

HIV/AIDS has been spoken on very freely, even though Indian culture and social systems make it difficult to take up this issue in such a liberated manner. Due to the seriousness of the situation, we are even trying to involve religious leaders, encouraging them to spread the word on HIV prevention and the dangers of the disease itself. Lastly, a new law on the compulsory HIV testing of every individual who wishes to get married will soon be implemented.

India, as a developing country, has many poor people, and HIV/AIDS is increasingly affecting those from poor backgrounds. Our Government is concentrating on our national policy to eliminate poverty so that (poor) peoples' financial situations will improve, thereby making them less vulnerable to HIV.

As we are all aware, HIV transmission can easily be passed on through blood and syringes, and it is for this reason India ensures all blood designated for transfusion is safe as well as being highly selective as to whom blood is collected from. Furthermore, we have a special programme management strategy which employs literature, electronic media and NGOs as means to spreading information and better approaching the people on HIV/AIDS. Efforts are also being exerted to increase budget allocations for HIV/AIDS and here the role of parliamentarians is vital.



Prof. Ton That Bach MP - Vietnam

In comparison to HIV incidence last year (2002), the rate for this year (2003) has been reduced by 30%. However, HIV/AIDS remains to be a significant problem in Vietnam. I would like to say that I have found this workshop to be very interesting, particularly as this is the first time we have had any detailed information presented to us on HIV/AIDS vaccines. I think it is very important to make this information available and I also think this is a priority. Moreover, WHO and other similar organisations should be much more involved in HIV vaccine development

The second point I'd like to make is that after visiting the Vaccine Trial Center at Mahidol University we know that we are still waiting for results from the clinical trials. Whilst we wait for these results, however, new cases of HIV infection continue to occur. Therefore, why can't we open more clinical trials? We could open more of these trials in volunteer countries such as Vietnam.

Senator K.R.A. Naidu - Malaysia

The visit to the Faculty of Tropical Medicine at Mahidol University was enriching and it opened our eyes to the need for more research in this field. I would like to congratulate Thailand for its activities in this field.

I would like to mention a quote made by the Director of Faculty of Tropical Medicine that caught my attention; 'If the research by the scientists in Thailand is successful, they might come up with a suitable vaccine in the next six months. If this vaccine fails, it might take Thailand a minimum of five years to come up with another suitable vaccine.'

The world has already gone through more than two decades of this menace among humanity and, therefore, I think it would be best that parliamentarians and governments around the world adopt a two-pronged attack. Firstly, I think more steps to develop an HIV/AIDS vaccine should be taken. Governments should come out strongly to develop vaccines, which means they must allocate more funds, make more time and increase efforts. Secondly, the preventive measures against this deadly disease should continue.

“Governments should come out strongly to develop vaccines, which means they must allocate more funds, make more time and increase efforts.”

Senator K.R.A Naidu - Malaysia

Now, as for Malaysia, the figures for reported HIV cases are slightly more than 51,000, of which 94% are males. A worrying factor is that there are also children under twelve years old who are already infected with this disease. This is indicative of mother-to-child transmission, which highlights the seriousness of HIV/AIDS in the country. Regardless that the figure is relatively low, this is still a major concern for us.

We have taken some concrete steps in the fight against HIV/AIDS. Among these steps includes the integration of existing medical and health services delivered through hospitals, health centers and community based institutions to combat this disease. Furthermore, we have also allocated a budget of nearly 100 million USD specifically for HIV-related activities.

In 1985, we formed the National AIDS Task Force, which is chaired by the Director General of Health for Malaysia. From then on we have been carrying out stringent screening of blood and blood-related products for HIV. In Malaysia, we have embarked on a nationwide HIV/AIDS campaign with the particular goal to inform youth on the danger of HIV.

Now, to further strengthen the collaborative approach in fighting HIV, the Malaysian Government established the Inter-ministerial Committee on HIV/AIDS under the chairmanship of the Minister of Health. This committee has been made responsible for and must report to the Cabinet on all HIV/AIDS matters.

In 1993, the Malaysian AIDS Council was established and has since joined the ASEAN Task Force on HIV/AIDS.

In 1996, we initiated a new concept known as the 'Pro-Star Programme'. This programme utilises innovative action by youth for youth. It focuses on creating young motivators who are able to plan, organise and carry out motivational and educational activities on matters related to the prevention and control of HIV/AIDS to their peer groups. We have also established voluntary HIV testing centers for pregnant mothers in an attempt to prevent transmission of HIV/AIDS to babies. Moreover, we adopted the ASEAN Declaration on HIV/AIDS in 2001.

This year, we are allotting funds and scaling up our HIV screening of among the general populous. Just a few months ago, we also began involving the religious leaders of the country. A conference was held for the religious



leaders and a resolution was adopted that on every Friday when prayers are said, the dangers of HIV will be explained to the people at the Mosque. I think this is a very good move. I think this should not only be adopted by the Mosques, but also by the other religious institutions. If we are able to do this, then more people can be informed of the dangers of HIV/AIDS.

In conclusion, I think the major problem we face today is the lack of information on the dangers of HIV among the people who need it most: the poor and uneducated.

Hon. PR Dr. Phonethep Pholsena MP - Lao / PDR

Laos PDR is classified by UNAIDS as a low HIV prevalent country with approximately 0.05% persons infected in 2003. However, it is widely recognised that the exact rate of infection is unknown.

Our Government pays special attention to prevention and control of HIV/AIDS and addresses the same through the Ministry of Health. In 2003, we set-up the National Committee for the Control of HIV/AIDS, which is composed of representatives from different Ministries including the Ministry of Health, the Ministry of Education, the Ministry of Information and Culture, and other related centers.

The National HIV/AIDS policy was developed in the year 2001 and the first plan for prevention and control of HIV/AIDS was implemented from the year 1989 to 1990. A medium term plan was then developed and implemented in the period of 1991 to 1996. Subsequently, a National Strategy Plan for HIV/AIDS Prevention and Control was developed and implemented in 1997 to 2001, and then again in year 2001 to 2005.

The National Strategic Plan from 2001 to the year 2005 has the following goals and objectives. First and foremost, it focuses on HIV prevention Secondly, it aims to reduce the impact of HIV/AIDS on identified groups and individuals. Thirdly, it aims to reduce the impact of HIV/AIDS on socio-economic development, communities and families throughout the country.

Dr. David Apuuli - Uganda AIDS Commission

Thank you very much. These are very good country experiences, but honourable members, perhaps as we proceed today I would like you to reflect more on what members of parliament can do vis-à-vis HIV/AIDS? What are your roles?

Mr. Harry Quick MP - Australia

I think at a meeting like this, we need to put all of our cards on the table. As we discovered with the SARS virus, you can't, in this globalised world, hide all your problems behind your boundaries and with this problem I think putting all of our eggs in a vaccine basket is not the way to go. I think we need to look at the strategies that are working in various countries.

I know in our country in 1987 we realised we had a problem. HIV started to manifest itself in the ordinary heterosexual community. We had young children die and it was then that the government of the day realised we had to put all the facts out in the laps of every Australian family. For two weeks we brutalised the Australian population. We shocked and scared them through our television ads of a grim reaper harvesting mothers and daughters, and fathers and sons: Then, to support these ads, we had a series of programmes ready to put in place to deal with the problem. Now in Australia, we have safe injecting rooms. We have a needle exchange programme. We have widespread condom use. We have lots and lots of options.

As politicians we travel a lot and visit each other's countries. We need to be brutally honest and frank with each other. If we are going to address this pandemic, we need to find the resources. As I said to one of my colleagues yesterday, 2,750 people died on 9/11 and we are spending one trillion dollars fighting terrorism. We need to redirect our resources. I was appalled when I visited the Philippines and found that AUSAid has denied supply of condoms because of the conservative American Government. I think this is wrong.

I applaud the countries that are being brutally honest and frank here today because as politicians unless we are, we are selling out our people! We need, as politicians, to stop pulling the wool over each other's eyes and tell each other the truth. We must combine our efforts and work collectively.

"You can't, in this globalised world, hide all your problems behind your boundaries and with this problem I think putting all of our eggs in a vaccine basket is not the way to go. I think we need to look at the strategies that are working in various countries."
Mr. Harry Quick MP - Australia



I think the idea of a vaccine is wonderful, but it's ten or fifteen years down the track. It's not really supported by our governments, Bill Gates and the rest of the world are too busy trying to do their own thing in humanitarian terms. But let's say to our churches and our leaders, we need to work together. We need to be, as we say in Australia, 'fair dinkum' about this, be honest, and I hope the statement that we make today and that we all sign today is a realistic and achievable one. I thank you all for your support here today and I think we can, as a group of politicians in the Asia Pacific region, come up with something that works in your country as well as in mine.

Dr. David Apuuli – Uganda AIDS Commission

Uganda, as I mentioned earlier, was the epicenter for HIV/AIDS ten years ago. With this in mind, we established a standing committee on HIV/AIDS within Parliament, which is charged with reporting in full to the Parliament every six months on the state of the nation with regards to HIV/AIDS, including vaccines and preventive measures. This committee has the power to summon any individual or organisation – be it in America or Britain - and ask them what they are doing towards the fight against HIV. We in Uganda have found this to be a very effective tool and the standing committee is something in which parliamentarians can play a very important role. I am aware that you all employ different systems, but in Uganda's experience, this has been an excellent motivational tool for members of parliament.

“The development of new strategies, vaccine development and advocacy for resources are all challenges we need to take into consideration.”

Dr. David Apuuli - Uganda AIDS Commission

When we gather in Bangkok next year (2004) for the International AIDS Conference, we must ask ourselves how parliamentarians can become a part of this movement and be in a position to influence what takes place, including the development of new strategies, vaccine development and advocacy for resources. These are all challenges we need to take into consideration.

Patricia de Lille MP - South Africa

I think MPs' primary role is to hold the Executive accountable. We are there to oversee and supervise our leaders - the Executive. As MPs we hear far too often that there are no funds available for HIV/AIDS prevention or treatment. This is simply not true. It seems there is always plenty of money to purchase arms all over the world, but there is never enough money for treatment. So I think what we must do as MPs is to ensure that all our governments put aside a minimum of 2% of the health budget into a vaccine initiative programme. These funds must go towards research.

“We should be putting money back into the health of our nations and a good way to do that would be investing in an HIV vaccine initiative.”

Ms. Patricia de Lille MP - South Africa

I fail to see why governments insist on obtaining funds from external sources when we are perfectly able to make that commitment ourselves. With regards to the developing countries who are suffering under a large national debt, I suggest also that these debts be written off. We should be putting money back into the health of our nations and a good way to do that would be investing in an HIV vaccine initiative.

In 2004, when we convene for the International AIDS Conference in Bangkok, it is essential to have a special forum for MPs because at the last conference, which was held in Barcelona, there was no platform for parliamentarians to meet whatsoever. I would like to request the Asian Forum of Parliamentarians on Population and Development (AFPPD) to initiate this special forum at the International AIDS Conference next year in Bangkok.

Ms. Serey Phal Kien - Cambodian Women's Development Agency (CWDA)

In Cambodia the first case of HIV was discovered in 1991 and in the following years, HIV cases increased at an alarming rate. Cambodia became one of the countries with the highest infection rates in the region. The Cambodian Government, our parliamentarians and NGOs were all galvanised into action to tackle the problem.

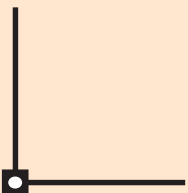
Many Cambodian NGOs work on HIV/AIDS and some even joined together to form the coordinating committee known as the HICC, 'the HIV/AIDS Coordinating Committee', in order to systematise all the works of government structure to ensure that all issues related to HIV/AIDS are addressed. This programme was met with strong political will and commitment, and is firmly backed up by our Prime Minister.

After our discussions yesterday on HIV vaccinations, I can say I am hopeful that the development of a vaccine will enable us to successfully tackle HIV/AIDS issues not only in our own countries, but on a global scale. We must consider, however, what would be the best way to address the high risk groups.



Session Four

A Comprehensive Approach Towards Ending the Epidemic - Prevention, Treatment and Vaccines





Session Four: A Comprehensive Approach Towards Ending the Epidemic - Prevention, Treatment and Vaccines

Dr. Praphan Phanuphak, Director of the Thai Red Cross AIDS Research Centre

Moderator: Mr. Andy Quan, Representative, the Australian Federation of AIDS Organisations

Each part of the 'comprehensive approach' – prevention, treatment and vaccines – has its own values, challenges and limitations. All three parts are required to stem the spread of a disease that has infected over 42 million people, most in the developing world. Dr. Praphan Phanuphak spoke about a number of issues related primarily to prevention, treatment and the role and responsibilities of parliamentarians in containing the epidemic.

The first question is to ask if the HIV epidemic will ever end. It can, if one of two things happens – there are no new infections or there are no sustainable hosts. This will not happen unless we have a 100% effective vaccine, so the question becomes one of minimisation.

Prevention requires education, among the family, in the school, in the workplace, among friends, among country and community leaders, among celebrities and religious leaders. The message should be promoted year round, not just on World AIDS Day. It must be targeted to high-risk groups but must not ostracise the general population. Information should be alarming but not promote a negative picture so as to minimise social stigma, and must reduce complacency by not emphasising success stories.

“Prevention requires education, among the family, in the school, in the workplace, among friends, among country and community leaders, among celebrities and religious leaders.” ▼

The condom is an effective prevention strategy, but it is controversial. Should it be advertised, be provided free, and will it promote sexual promiscuity? Should they be in drug store, supermarkets or the vending machines? There is no point in denying the existence of the sex trade, and it is important to work with the people involved. In Thailand, there is the 100% condom campaign, where owners of sex establishments, sex workers, Ministry of Public Health staff and policemen support the use of condoms in the sex trade.

Another important prevention strategy is to use clean needles, particularly in health care, but also for intravenous drug users. Should there be free clean needles in prisons? Many people deny that there is a drug problem in prisons, but this will not solve the problem and prevent HIV infections.

If we accept the problems, we can employ voluntary counselling and testing (VCT), and provide ARVs to infected people to reduce the transmission of the disease. We can also minimise new cases by preventing mother to child infections, and we now have the option of facilitating births to HIV positive mothers rather than advising abortion. The 'No Name' VCT clinic in Thailand has 50 to 70 new patients a day, and importantly now also tests patient's CD4 counts to better guide treatment and care. The infected person must know their CD4 count, and must be provided with medicines to prevent infections.

Post-exposure prophylaxis using anti-retrovirals is well known, but there is a new treatment called pre-exposure chemoprophylaxis which can be used in addition to other prevention methods. This may be useful where an HIV negative women wishes to become pregnant with an HIV positive partner. It is possible to use heads of state or your first lady, as we do, as figureheads to elicit donations to set up clinics such as the ones mentioned above. Poverty should not be a barrier to correct treatment, and nor should it be an excuse to allow placebo trials to take place. Money can be raised for prevention, and the Thai government now provides ACT to every HIV/AIDS infected mother.

It is highly likely that an HIV vaccine will be produced, but we cannot say when this will occur. This vaccine will probably prevent the disease, but won't prevent infections so many people will still carry the virus, but without getting sick. Therefore it cannot replace safe sex and good treatment. We need to know what level of efficacy is required, and who should be immunised. Will immunisation make people more at risk through increased promiscuity? Should a vaccine that is not allowed to be trialled in the US then be trialled in developing countries? Furthermore, can we have true informed consent in developing countries, and if we give very effective counselling with the trial, no one will become HIV infected. What standard of care should these people receive? The same as in a US trial,



or at the host country's standards? Should the host country have some intellectual property rights over the trial conducted within its borders?

In addition to psychological care for HIV patients, it is important to consider socio-economic care as the person must still support themselves and possibly a family. We must also think about schooling for HIV infected adolescents,

"Destigmatisation of HIV infected people is very important, so that people will not deny their HIV status, more people will be tested, and therefore care can be provided." ▼

and the prevalence of HIV related diseases such as meningitis, which can be prevented with good care. Destigmatisation of HIV infected people is very important, so that people will not deny their HIV status, more people will be tested, and therefore care can be provided. We must educate people to give care, and use HIV positive volunteers to provide care. PLWA groups, such as the Wednesday Friends Club in Thailand, can be very effective at disseminating information and providing care.

Free treatment of all opportunistic infections, not just those that are cheap to treat, is very important. Many governments, including in Thailand, claim to provide free OI treatment but in fact only cover the cheap diseases. The necessary support staff such as surgeons and nurses must also be in place.

Many studies, particularly in African countries, have shown that administering AIDS drugs can be cost effective. Can these lessons be transferred to other countries such as Thailand, in order to influence policy decisions? The cost of AIDS drugs is decreasing all the time, but these cheap drugs are not available in all countries in the region. Should the cost of these drugs be met by the government, or should the employers contribute? This is already the case of the DeBeers Company in South Africa as it is cost effective for them to do so. The cheapest AIDS drugs in Thailand cost just 1 dollar a day.

In 2002, WHO stated that it aimed to bring ARVs to 3 million people by 2005, but recent figures show that the actual level is only around 300,000. In Thailand, recent budget increases mean that 40,000 people now have access to the drugs, with an additional 10,000 supported by the Global Fund, but there are an estimated 200,000 people who require them. One recent, important extension is the 'treat mothers to prevent orphans' programme that continues treatment of HIV positive mothers after they have given birth.

The final subject concerns what politicians should know about AIDS. They must know how to protect themselves and others. They need to know the honest, current situation in their own country. They must know about HIV related controversies, and internationally accepted norms. They should know the cost of inaction, and the benefits of action. They should know how to allocate budget to organisations that are doing good, and they should direct some of these funds to their own provinces so that they be re-elected. They should be familiar with international collaborations, such as the Global Fund. Finally, there should be inter-party collaboration – if the government is doing well with AIDS then it should be supported.





Dr. Surya Chandra MP Indonesia

There are approximately 42 million people in the world living with HIV/AIDS today. Of these, 90,000 to 130,000 live in Indonesia, and there are an estimated 12 to 19 million vulnerable people in the country. The first case of HIV/AIDS was reported in Bali in 1987, and initially the mode of transmission was sexual, but now the primary mode is through intravenous drug users, accounting for 80% of new cases in 2002. Three years ago, Indonesia was reclassified from low-level epidemic status to concentrated epidemic status, with some areas facing particularly high infection levels.

“Surveys (in Indonesia) of commercial sex workers show that condom use among clients is low at 15%, and not increasing.” ▼

Up until September 2003, there were 1239 AIDS cases reported in the country, with most AIDS cases occurring among young men, with only 22% of cases among women. Surveys of commercial sex workers show that condom use among clients is low at 15%, and not increasing. It is also apparent that many people are exposed to multiple risk populations, such as IDUs with female sex workers.

The Indonesian Government has responded to the epidemic in a number of ways, including holding a special cabinet session on HIV/AIDS in March 2002, resolving to curb the epidemic through ‘national movement of HIV/AIDS prevention and control’. This was followed by a second special session in June 2003. A national AIDS strategic plan was launched in April 2003.

The result of the special sessions was a ten-point plan of action, beginning with the prioritisation of prevention and control in six provinces with a high level of HIV/AIDS. A religious approach to protecting the community was developed, and harm reduction in certain areas using health providers, the police and local authorities was implemented. Furthermore, steps were taken to prevent transmission by migrant workers. Access to ARVs is also important, as is life skill education and prevention of HIV and STIs among youth. Steps to decrease discrimination and stigmatisation have begun, VCT services are being promoted, as is support to NAC.

More specifically, prevention is being implemented in many ways. IEC and life skills education is the first step. Promotion and distribution of condoms is taking place with the aim of achieving 100% condom use. Prevention of mother to child transmission is another area of focus, as is prevention and control of HIV among IDUs.

Care, support and treatment for HIV/AIDS begin with voluntary counselling and testing (VCT), and STI Diagnosis and Treatment. Opportunistic infections must be countered and ARV treatment provided, alongside the appropriate psychosocial support.

Worldwide, the use of anti-retroviral treatment (ART) is important in combating HIV/AIDS. It is estimated that the current global requirement for ART is for 5 – 6 million people, but only 300,000 receive treatment. In SEAR countries, only 50,000 people receive ART (mainly in Thailand and India) despite a demand for 1 million. In Indonesia, 10,000 people need ART but only 300 receive the treatment. Access to these drugs is crucial for the control of the epidemic. Therefore, a major effort to improve access to these drugs is required, and action is being taken through the Special Access Scheme (SAS).

SAS is scientifically justified. It assures high quality of HIV/AIDS drugs, is based on needs assessment, is conducted under strict supervision by medical doctors and is highly monitored. ARVs are imported from Thailand and India, and cost approximately 80 USD per month per person. The necessary laboratory support for the programme is being implemented rapidly, with HIV testing in all provinces and CD4 testing in two provinces. Capacity building exercises include inter-country training in Thailand, where training for VCT, laboratory diagnosis of OIs and quality assurance is carried out.

Indonesia follows three financing mechanisms. Free services are provided for the poor, and for the prevention of mother to child transmission. Some drugs and services are subsidised, and some must be paid for entirely by the patient.

Prevention of the disease is most likely to be achieved using a vaccine, but there are many steps that must be completed before a vaccine can be used. Each candidate vaccine must undergo extensive pre-clinic evaluation in the lab, including animal testing, before it is used on humans. It must then be reviewed by the FDA at each clinical site. The HIV envelope is the primary target of neutralising antibodies in HIV infected individuals, and over thirty different preventative HIV vaccines have been tested.



There are several obstacles to carrying out preventative HIV vaccine efficacy trials in industrialised countries. Firstly, the low rate of HIV infection, even in high-risk groups, means that trials require large groups of people. There are recruitment and retention problems, and some distrust of researchers and government. Furthermore, there is a growing level of misunderstanding and distrust of vaccines in general.

In developing countries there are concerns regarding exploitation. In many cases there is insufficient medical infrastructure and training. National authorities and institutional review boards are poorly supported or non-existent, and there are concerns that the host country will not be able to afford the vaccine if it proves to be effective. In conclusion, Indonesia is looking at the vaccine as the ultimate treatment for HIV/AIDS.

Discussion

Mr. Solomon R Chungalao MP - the Philippines

I would like to thank Dr. Phanupak for his candid statements. However, there are two statements I would like to highlight. Firstly, 'The vaccine may prevent the disease but not the infection.' It concerns me that if we broadcast this message, those who are infected may not understand and, thinking that they are vaccinated, continue to spread the disease. The second statement I would like to bring to your attention is 'HIV/AIDS can be treated, but it cannot be cured.' The implications of this are along the same lines and I am worried that infected people may not fully comprehend the meaning of both of the above.

Dr. Praphan Phanupak - Thai Red Cross

I think what I meant was we must be more realistic and understand that the vaccines in the market in the future may not be able to prevent everyone from becoming infected. It is our hope that the vaccine will help to maintain a good immune status and keep the virus level low in infected persons so they may no longer require treatment. This is what I meant by averting disease but not infection.

With reference to your concern on the statement 'HIV can be treated but not cured', this message is to be broadcast to those who are infected with HIV as well as the public. This is to give them hope. Hope that the people who are infected with HIV/AIDS won't get sick, and even if they fall ill, their original health can be restored to them. We want them to have the hope that they will not die of HIV/AIDS, but of old age or any other sickness.

Senator Lim Kee Moi - Malaysia

In your presentation you said 'a good wife should put two condoms in her husband's wallet everyday.' I would like to comment on this. I think a good wife should educate her husband not to be promiscuous with other women. She herself should be faithful to her husband and loyal to the family and at the same time, men should also be faithful to their wives.

Dr. Praphan Phanuphak - Thai Red Cross

What you just said is of course the best scenario, and I agree with you, but we have to be a little more realistic than this! Whether married or not, there is always the possibility for unfaithfulness. Sometimes it happens, sometimes it doesn't. Basically, the message I am trying to get across here is that we should be ready for all eventualities.

Dra. Ermalena – Indonesia

I have three questions. My first is after going into much detail on using condoms as a preventive strategy, I would like to ask you what is the status of the Thai people who want to use condoms and where can they go to receive information on HIV/AIDS and condoms? Secondly, if someone refuses to use condoms when they are fully aware of their HIV status, are they punished? My third question is with regards to pregnant mothers, do you follow up on the women who receive therapy and do you provide vaccines to the babies of HIV positive mothers?

Dr. Praphan Phanupak - Thai Red Cross

How can we solve the problem of people refusing to use condoms? This is a very difficult situation as there is no real legal approach or 'right' approach to stop infected persons from engaging in sexual liaisons without a condom. It is also the same story for the customers of the sex-workers. How can we make sure they wear condoms? I think to enforce rules such as these would be very hard as we simply cannot force people to wear condoms.

However, it is important that everyone is aware that if they fail to use condoms, the likelihood of them 'catching' something is greatly increased. Even if a person is already HIV positive, if they have sex without protection they



can still contract venereal diseases. Additionally, an HIV positive person who contracts an STD can expect not only a significant and rapid decrease of their immune system, but the HIV virus in their body will also multiply much quicker.

It is, therefore, important that HIV positive persons realise that wearing condoms is not only good for other people, but for them also and this will make them more inclined to protect themselves during sex.

In reply to your question on HIV positive mothers and their babies, yes, there is a follow-up. After 18 months of life the babies will be tested for HIV, if they are positive, they will be treated in the medical system.

Mr. Tim Barnett MP - New Zealand

I would like to comment on the issue of forcing people to use condoms in the situation of sex work. Considering that there is a contract between the sex worker and the client, I think it is very important to have laws ensuring that the client uses a condom, and it is equally important to empower the sex-worker to deny sex with any client who refuses to wear a condom. If the sex-worker is under management, then it is also the responsibility of the manager or operator to make sure condoms are being used.

New Zealand's new law on prostitution places responsibility on not only the operator and the client, but also the sex-worker as sometimes even the sex-worker chooses to engage in sex without any protection. I just wanted to highlight the fact that it is possible to enforce a law on condom use in sex-work, as long as sex-work is decriminalized.

Dr. Praphan Phanuphak - Thai Red Cross

I agree. Sex workers should be in a position to ask the client to wear a condom, and if they refuse, then the sex-worker cannot be forced into having sex. Additionally, sex-workers should have alternative means for protecting themselves; vaginal microbicides for example.

“New Zealand’s new law on prostitution places responsibility on not only the operator and the client, but also the sex-worker as sometimes even the sex-worker chooses to engage in sex without any protection.”

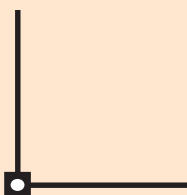
**Mr. Tim Barnett MP -
New Zealand**





Media Panel

The Role of Media in Supporting HIV/AIDS Vaccine Development





Media Panel: The Role of Media in Supporting HIV/AIDS Vaccine Development

Mr. Dillip Cherian, Journalist, India

Mr. Tawee Jantrapromlin, Journalist, Thailand

Moderator: Mr. Ajoy Bose, IAVI Advisor for Public Affairs

HIV/AIDS is gradually becoming an important national issue in many countries and as such, the media is often willing to focus its attention to HIV-related issues. The media is a powerful advocacy and educational tool. It can serve to greatly influence communities and it can also assist parliamentarians in getting their messages across to a target audience.

When dealing with the media, there are a number of important points parliamentarians should bear in mind. A parliamentarian becomes interesting to the media if he or she is credible, is a highly articulate speaker after a lot of goading, and if he or she is strongly opinionated with one focused view point. Blocking access to information, obfuscation rather than communication, and delaying and utilising too much jargon, however, will soon cause a journalist to lose interest.

So why should the media matter to parliamentarians? The predominant reason is that media is an excellent way to create and cultivate public opinion. This is important because strong and original opinion can be a terrific marketing device, policy and legal decisions are influenced by a favourable environment, and advocacy can be greatly promoted.

“The media is a powerful advocacy and educational tool. It can serve to greatly influence communities and it can also assist parliamentarians in getting their messages across to a target audience.” ▼

Effectively dealing with the media requires a solid understanding of how the media is constructed and how it operates. It must be noted the media is not a homogenous entity, it is increasingly fragmented, specialised and applies narrow casting. The key to effective media communication is therefore strategising communication – when, who, what – identifying popular messages, identifying third party endorsers such as industry associations and international experts, researching material to support your case, and understanding what makes ‘good news.’

Many elements can potentially make headlines. News which is novel, indicates a trend, relevant to a significant number of people, involves conflicts, pertains to the future, or is confidential are good examples. HIV/AIDS, in the form of a news story, incorporates many of these elements. As an insidious disease, HIV/AIDS generates numerous human interest stories. These could be based on personal stories of people living with AIDS or of families affected by AIDS. Scientific breakthroughs are eye-catching, and the development of HIV vaccines would certainly be newsworthy. For parliamentarians, important events, conferences, political will and the role of elected representatives can be broadcast extensively within media circles.

Relevant news is what makes the media tick. If credible information is divulged with sincere intent to a journalist, it is possible to greatly influence the media vis-à-vis the delivery of the story. Transparency and timely responses are also important.

Partnering can also enable parliamentarians to harness the media, though some preparation is needed beforehand. Information should be customised and dialogue should be simple and easily understood. Communication should be through multiple channels and the news should be delivered positively and with realistic commitments. Lastly, parliamentarians should be accessible and respond timely.

Interviews are an excellent means to be heard and get a point across, but caution must always be exercised to minimise misunderstanding and avoid misreporting. In order to do this, one must repeat everything and stick to basic facts. Insist on viewing the text before it is to be used and it could also be indicated that more material may be available later on when the text has been cross-checked to verify correct quoting. If misreporting does occur, then the damage must be assessed. If the misquotes or misreporting are highly damaging, only then seek corrigendum or issue statements. If interactions with the journalist are to be repeated, be cautious.

The mantra to effectively manage media communication is to inform, involve, and influence. The media is a valuable information dissemination tool and, therefore, its effectiveness in education, awareness raising and advocacy enhancement should be put to good use.



Discussion

Mr. Kishan Singh Sanghwan MP - India

Nowadays, whether it is printed media or electronic media, we are increasingly being exposed to pictures of naked women. While I am aware this is to increase sales and generate more money, I find this provocative over-exploitation unnecessary and distasteful. I would like to ask how we could control this?

Mr. Dillip Cherian - India

Where there is free media, I am afraid the ability to control the media in any way is non-existent, and the likelihood of the media becoming enlightened and no longer featuring naked women is very slim. I think you need to understand that the free media, under democratic set-ups, receives no financial support from the government whatsoever and, as such, they have to make profits. This means they have to ensure that the material they produce will be watched or read by the broadest audience possible. There are only two surefire things people will watch; war and sex.

Governments can provide war but only people can provide sex, so in the pursuit of profit, yes, sometimes the media goes to an extreme of over-display or over-reliance on titillation, but I doubt very much that this can be controlled. If the media comes together and reaches a consensus that there is too much over-exhibition, then it is possible, but to be quite honest, very unlikely to happen.

“Media is always quick to sensationalise, but very slow to report positively. Would it not be more productive in the process of reporting to reassure the readers, listeners and viewers rather than alarm them unnecessarily?”

Senator Dato’ Dr. S. Vijayaratnam - Malaysia

Senator Dato’ Dr. S. Vijayaratnam - Malaysia

Media is always quick to sensationalise, but very slow to report positively. For example, when talking about AIDS statistics, if they worsen, it is sometimes blown out of proportion on the front pages. This can cause considerable alarm among the readers. Would it not be more productive in the process of reporting to reassure the readers, listeners and viewers rather than alarm them unnecessarily? It would be more helpful if the press was less confrontational and concentrated more on encouraging the powers that be to tackle the problem at hand, and only then, if that method failed, convert to more abrasive tactics. I know that, as Mr. Cherian said, ‘bad news sells well’, but let’s not get carried away.

Mr. Dillip Cherian - India

Some months ago I was addressing a conference of media owners and during a discussion on what makes news sell, one of the owners was honest enough to say ‘in order to sell, you have to frighten people.’ If you run a story saying there was a robbery in your neighbourhood then people will buy your newspaper or turn on your channel because fear sells. I already mentioned war and sex, but fear is something else that sells very well.

You, as parliamentarians, have to play the role of guide to ensure the media reports in a factual and non-alarmist manner. You should take issue with the media when necessary.

Mr. Dillip Cherian - Journalist India

It is very important that media takes a responsible view with regards to building up fears and not over do it. However, it is inevitable that latent fears among the people will become magnified in the media. I would like to mention here that it is up to the governments to reassure and it is the job of public health officials to provide statistical and relevant answers. Unfortunately, you cannot expect media to be constructive as it is only constructive when guided in the right direction.

You, as parliamentarians, have to play the role of guide to ensure the media reports in a factual and non-alarmist manner. You should take issue with the media when necessary. Don’t be afraid to turn around and say “this reporting is alarmist” or “the facts you have highlighted here are exaggerated, please report this instead.” This kind of controversy is in fact what makes news so the television channels and newspapers will be very happy to report it!

Mr. Tawee jantrapromlin - Thailand

I would just like to comment that the language barrier is often a complication in media, especially in large international conferences and events such as this one.

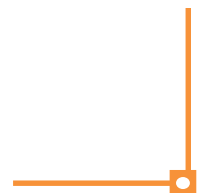
Senator Lim Kee Moi - Malaysia

I would like to share my views on the role of media. It is my belief that the Malaysian media should be more supportive of HIV/AIDS vaccine development because our statistics show that 51,256 Malaysian have been reported as HIV positive and that number is increasing.



Malaysians are aware of their Asian values, which includes saving face. It is lamentable, but families affected or infected by HIV don't want the public to know of the problems they face as they think the public will shun them. This compounded by the fact that there is so much social stigma attached to HIV/AIDS.

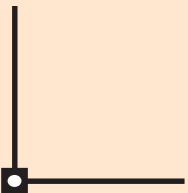
In order to expose people to this problem, I think the Malaysian Government has to involve the media to a greater extent by informing the public to a greater level on AIDS and its prevention. The role of media in the fight against HIV/AIDS should be to remove social stigma surrounding AIDS. Affected families should not have to feel as though they need to conceal their HIV/AIDS status.





Session Five

Vaccine Development and Access - A Global Responsibility





Session Five: Vaccine Development and Access - A Global Responsibility

Ms. Kate Bourne, Vice-President of the International AIDS Vaccine Initiative (IAVI)

Moderator: Mr. Li Honggui MP China

This session identified the key resource areas – financial, policy-making, and social – needed to promote continued research in vaccine development and the shortening of timelines for licensure. The manufacturing of an adequate global supply of vaccines was broached, as was the issue of global access to vaccines for HIV prevention. Specific points of discussion included streamlining the regulatory review process for vaccine trials and their approval; manufacturing for global demand; financing, pricing and intellectual property; and eliminating the stigma and gender restraints that could block rapid use of a vaccine.

Ms. Bourne began her presentation by discussing the mission of her organisation. IAVI aims to ensure the development of safe, effective, accessible preventive HIV vaccine for use throughout the world. There are two key points here. The first is to ensure that the world has a vaccine as quickly as possible; and not necessarily a vaccine developed by IAVI. Secondly, the vaccine must be accessible – contained in a phial that can be delivered to the people that need it most.

IAVI works are based on four main strategies, the first of which is advocacy. In IAVI's first year the organisation did little more than advocate worldwide for support and demand for an AIDS vaccine. IAVI advocates at a global level to ensure that resources are allocated for research, and IAVI advocates at a local level to make sure that trials are facilitated and to prepare people to accept and use a vaccine once it is available.

The second strategy is to use science to accelerate the development of promising vaccine candidates. Furthermore, many ideas for vaccines come out of academic labs or biotech companies that don't have the money to take it into human trials, and so IAVI acts as a link to assist in taking these potential vaccines to the next level.

The third strategy is to work with industry and the private sector, which can be very arduous. The private sector is often reluctant to get involved, particularly, with some exceptions, the large pharmaceutical companies. However, much of the expertise in large-scale manufacturing lies with these companies, and consequently IAVI is always aiming to engage them more fully.

The final strategy is access, with the aim of ensuring that policies and infrastructure are in place to ensure rapid availability of a vaccine once it has been found. All these strategies are focused predominantly on the developing world.

If the HIV vaccine follows the typical timeline, the first license in one country will be granted twelve to fifteen years after the start of preclinical research, with extra licenses being awarded on a country-by-country basis until, after twenty years, most countries have the vaccine. It is only at this point that the financial, manufacturing and delivery infrastructure is put in place, with the result that it is often up to 35 years before the vaccine is available in the majority of developing countries. At IAVI, this is considered unacceptable, so an alternative timeline has been developed. Science cannot be rushed, although one improvement is to conduct multiple vaccine trials. However, the largest gains can be made by putting the required infrastructure for manufacture and delivery in place so that the drugs can be distributed immediately after licensing, potentially shortening the timeline by 15 to 20 years.

This is where the role of parliamentarians will be important. In each of these six areas they can greatly assist; accelerating research and development; vaccine financing; regulatory issues; manufacturing; understanding demand and use – what makes people want to accept a vaccine; and in ensuring that we have delivery infrastructure.

In the first area, accelerating research and development, the need for advocacy for increased investment in the public sector has already been discussed. IAVI has funding from eight OECD governments, bilateral and also multilateral agencies such as the World Bank and others. Investigation has been made into how to push the private sector involved, and the methods are different from country to country. Push mechanisms, such as tax credits in

“IAVI advocates at a global level to ensure that resources are allocated for research, and IAVI advocates at a local level to make sure that trials are facilitated and to prepare people to accept and use a vaccine once it is available.” ▼



the UK, are important for promoting private sector investment, but pull mechanisms can also be employed. One universal desire of the pharmaceutical companies is the more widespread use of existing vaccines, to demonstrate that there will be a large future market. It is important that we have active research support from all developing countries, and so IAVI works with scientists where IAVI-supported trials are taking place.

It is well known by now that this will be a long road. It is a longer-term project than the terms of almost all parliamentarians and political leaders, so it will take considerable commitment to convince constituents and colleagues that it is worth following the road. In developing countries where trials take place, there is a particular need for capacity building.

In the area of financing, it is important that support comes from new money, and does not reduce funding from current prevention and treatment. It is also important that there is sufficient purchasing capacity to spur private investment. Some form of tiered pricing, and new approaches to intellectual property will be required to ensure that the vaccine can reach developing countries at a reasonable cost. There are possibilities for regional or bulk procurement. There will certainly be a need for multiple sourcing, national level commitment from countries and donor commitment. The Global Fund does not currently support research, but it may be involved in the purchase of the vaccine, as may the Vaccine Fund and WHO, although the mechanisms of these organisations could be smoother.

"Manufacturing infrastructure will need huge investment in regions where there is great demand for the vaccine, particularly in the early stages when catch-up vaccinations are required." ▼

Regulatory issues are an early barrier, both for conducting new trials and adopting drugs. Very few countries have people who are confident when making decisions about complicated AIDS drugs, so we need to reinforce the capacity and capabilities of regulatory bodies where trials will occur, and where vaccines will be used. We need input from the developing countries in risk / benefit assessment, as relying on US FDA or European EMEA standards may not be appropriate for countries with a far greater need than these developed regions. South Africa would see a 75% effective vaccine as promising where the US would not. Regional coordination to develop an effective process could be cost-efficient and time efficient.

Manufacturing infrastructure will need huge investment in regions where there is great demand for the vaccine, particularly in the early stages when catch-up vaccinations are required. This infrastructure takes 3 to 5 years to set up so must be started imminently, but it is difficult to persuade people to take that risk. Public-private partnerships will be essential to share the risk, and there is already some capacity in developing countries with processes that have already been developed and can be transferred.

"We are not currently looking at a vaccine for infants and children, and the target group will probably be teenagers and young adults before they become sexually active, and we need to know how to deliver vaccines to this group." ▼

At this stage we can also influence demand and use. The number of people who want the vaccine is not a static number, and can be increased if we understand the barriers that will stop people using it and address these barriers. Social stigma is an important consideration, but there are many other more subtle issues that need to be understood now so that we can get the vaccine out more quickly.

There are many things that we do not know, such as what the vaccine will be like. It may be oral or injection, may have to be kept cold, may be 1 shot or 6 shots. We do not know if people will be willing to pay for it, if countries will adopt a vaccine that is not 100% effective. We need to know the best ways to encourage new technologies, and IAVI is currently doing research in this field.

Delivery will be difficult, as the countries that have the highest need also generally have the poorest health delivery infrastructure. There is a need to integrate with other existing systems. For example, it will probably be hard to reach commercial sex workers, and this will be true

of many other high-risk groups. We are not currently looking at a vaccine for infants and children, and the target group will probably be teenagers and young adults before they become sexually active, and we need to know how to deliver vaccines to this group.

All these issues require political leadership at some level and it is essential that parliamentarians are willing to address these issues.



Discussion

Mr. R. Chandrasekhar Reddy MP - India

HIV/AIDS is not confined to one country. It is a universal problem. There are many countries that are unable to afford investment in research and development for HIV vaccines. It should be the responsibility of the developed countries to contribute to this cause rather than spending money on arms and ammunition.

I would like to suggest the establishment of a special fund, which we could perhaps call the 'Global Fund for RD'. This fund should be used to develop vaccines and curative treatment.

With regards to individual nations, the government should be encouraged to ensure that the requirements for this cause are met. Furthermore, local governments should come forward to assist those people who are actually involved in the research process.

Ms. Kate Bourne - IAVI USA

I think that is an excellent suggestion. Political support in India has been extraordinarily high for work on HIV vaccines. President Abdul Kalam has been very supportive, and has taken a very strong personal interest in the field.

It will take everybody's creativity to think of ways to support communities that become involved in vaccine research. We need to balance it out and by this I mean we should not single out individual people too much, nor provide undue incentives. What we must make certain of is that all individuals and communities participating in vaccine trials should receive some benefit. One suggestion is they should be prioritised to receive Global Fund money for treatment, though there are a number of possibilities.

Mr. Roberto Ador - PLCPD, the Philippines

Does IAVI encourage individual countries to develop their own HIV vaccines? Couldn't countries combine efforts and contribute to a global fund, for instance for vaccine research?

Ms. Kate Bourne – IAVI USA

Well the way we work is to match up scientists who have promising ideas for vaccines with scientists in the countries that are going to host trials. We do this so they can work together and share their technical expertise as well as share their resources. IAVI provides funding, which we receive from governments, foundations and some private corporations.

Mr. Asungba Sangtam MP - India

I would like to ask whether any questions have ever arisen with regards to some of the experiments that have been conducted? Have there been any incidents since the commencement of the vaccine initiative that scientists have been accused of using humans as guinea pigs?

Ms. Kate Bourne – IAVI USA

In the beginning, there were some inflammatory newspaper articles, but these disappeared once people understood the level of involvement of both the communities and the local scientists. I think Dr. David Apuuli may be able to address this question better than me.....

Mr. David Apuuli - Uganda AIDS Commission

The very first vaccine trial carried out on the African continent was in Uganda in 1997. The trial was based on a sub-type B vaccine, which is the HIV type prevalent in Europe and America rather than the type commonly encountered in Uganda. During the trial, there was a lot of opposition because at the time there was a general misconception that the HIV/AIDS virus originated from American labs and had been introduced into Africa in a bid to eliminate the African race. Consequently, the vaccine trial was viewed by the general public as another attempt against the African people. I remember this all very clearly as I was the Director General of the Ministry of Health. It actually took us three years to finally convince the people that the vaccine trials were indeed safe and should be allowed to take place in the country.

Ms. Kate Bourne – IAVI USA

I would just like to add that, in comparison, subsequent trials were taken to very quickly even though countries

"I would like to suggest the establishment of a special fund, which we could perhaps call the 'Global Fund for RD'. This fund should be used to develop vaccines and curative treatment."

Mr. R. Chandrasekhar Reddy MP - India



“Unless there is a commitment on the part of legislators around the world for a concerted and combined effort to persuade pharmaceutical giants to be charitable and release their product on a practically no profit-basis, I am afraid mass and comprehensive vaccines will remain elusive.”

Senator Dato’ Dr. S. Vijayaratnam - Malaysia

sometimes need a little time to get used to the idea. In India, we are reversing the process and initiating political support first as this will undoubtedly ease any resistance as well as prevent a replication of Uganda’s experience.

Senator Dato’ Dr. S. Vijayaratnam - Malaysia

I would like to voice some concerns I have. I hope IAVI and the Thai Initiative are not having a race against the research and development wings of drug companies such as Schering Plough, Pfizer or Merck as their resources and expertise are immense.

It is a sad fact that in the successful production and introduction of an HIV/AIDS vaccine the tendency of some of these large pharmaceutical and biotech companies will be to reap huge profits from this exercise. It is said that even in the battle to overcome a crisis of this size, the multinational giants’ magnanimousness may not be forthcoming. Their reluctance in the past to reduce prices on ARV drugs is a fine example of this.

I really don’t know how we are going to address this problem. The fact of the matter is that, in this now borderless world, most acts of parliament and legislation targeting these pharmaceutical and multinational giants will be rendered quite ineffective. Unless there is a commitment on the part of legislators around the world for a concerted and combined effort to persuade pharmaceutical giants to be charitable and release their product on a practically no profit-basis, I am afraid mass and comprehensive vaccines will remain elusive.

Ms Kate Bourne – IAVI USA

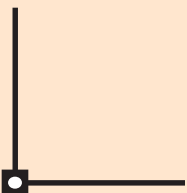
As I mentioned earlier, I think we must look at public / private partnerships. We have to be prepared to provide public funding for this endeavour. It will not be and cannot be a solely private-funded exercise. Governments need to be ready to put money in because we cannot count on the pharmaceutical companies alone to do this, it needs to be in partnership.





Group Work

- (1) Accelerating Research and Development
- (2) Accelerating Access





Group Work - Resulting Recommendations

Accelerating Research and Development

Following the Workshop's five substantive sessions, participants broke into two working groups. The first group debated 'Accelerating Research and Development' while the second group discussed 'Accelerating Access.' Listed below are the recommendations made and agreed upon by each of the working groups as well as a list of participating delegates.

1. Countries need to be open to collaboration in order to bring vaccine research and development onto a faster track.
2. To accelerate vaccine timeframes, we need a paradigm of partnerships between countries, governments and private sectors.
3. Countries should prepare for large scale regional testing of vaccines by sharing legislation on the conduct of vaccine testing, compensation, information sharing, etc.
4. To call on NGOs and research bodies to demonstrate that they are cooperating and collaborating to facilitate quicker government support.
5. Those participating in clinical trials should directly benefit through scaled up health care.

Participants:

- Mr. Harry Quick MP
- Mr. Li Honggui MP
- Mr. Mao Jin Feng MP
- Dr. Prasanna Kumar MP
- Mr. Prithviraj Chavan MP
- Mr. Asungba Sangtam MP
- Mr. Suresh Prabhu MP
- Dr. Surya Chandra MP
- Dr. Sanoesi Tambunan MP
- Dra. Ermalena
- Hon. Dr. Thongphanh Chanthalone MP
- Dr. Nithana Dohisane MP
- Senator KRA Naidu
- Senator Dato' Dr. S. Vijayaratham
- Mr. Timothy Barnett MP
- Rep. Edwin Uy
- Ms. Ma. Blanca Kim Bernardo-Lokin
- Ms. Ma. Cecilia Delos Reyes-Ferrer
- Ms. Patricia de Lille MP
- Prof. Ton That Bach
- Dr. Ms. Nguyen Van Tien MP
- Dr. Ms. Nguyen Thi Thanh Binh MP
- Mr. Andy Quan
- Dr. David Kihumurodr Apuuli
- MG Suebpong Sangkharomya MD
- Dr. Jotika Boon-Long
- Ms. Kumiko Yoshida

Accelerating Access

1. Long lead-time for vaccine development should be used as an opportunity to identify potential obstacles and opposition to vaccines and overcome them in advance.
2. Information toolkits should be developed for parliamentarians in order to increase their awareness and knowledge base regarding HIV/AIDS issues, and existing links between parliamentarians and NGOs should be further developed and strengthened.
3. Adequate health budgets should be established and subsidies need to be provided for poorer people.
4. Health departments need to be evaluating current vaccine programmes in light of HIV/AIDS.
5. Policies need to be implemented to stimulate the market.
6. Low prices should be a key criteria to HIV/AIDS research and development.
7. Infrastructure needs to be developed to improve delivery to remote areas.

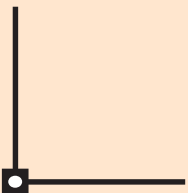
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- Ms. Jennifer Power
- Mr. Hap Omalu
- Mr. Wang Yuchun MP
- Mr. Yang Shengwan
- Dr. Jagganath Manda MP
- Mrs. Saroj Dubey MP
- Dr. Sudha Yadav MP
- Mr. Kishan Singh Sanghwan MP
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- Dr. Mariani Akib Baramuli MP
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- Ms. Ho Thi Hon Nhung MP
- Mr. Tran Dong A MP
- Dr. Nguyen Duc Thu MP
- Ms. Serey Phal Kien MP
- Ms. Michelle Mah
- Ms. Motoko Seko



Next Steps

Regional and International Mobilisation of Parliamentarians, and the Global AIDS Conference in Bangkok 2004





Next Steps - Regional and International Mobilisation of Parliamentarians and the Global AIDS Conference in Bangkok

Senator Meechai Viravaidya, President of the Population and Development Association of Thailand
Moderator: Dr. Jagganath Manda MP - India

Senator Meechai began by discussing the 15th International World AIDS Conference, to be held in July 2004. It will be both scientific and community oriented, and the topic of leadership will be of central importance. Political leadership is crucial to providing financial support for the fight against AIDS. The second emphasis of the conference is youth. Both these topics have proven to be difficult to promote, and part of the problem may be that the number of politicians truly devoted to HIV/AIDS is very small.

Even the Thai government was, initially, very slow to react to the threat of HIV/AIDS. The media was censored to avoid an international 'loss of face' of the Thai government, and to minimise the impact on the tourist trade – but this approach has resulted in the deaths of many Thai people. 50 million people are already infected worldwide, and this number will not be reduced without major political and financial commitment. AIDS is a behavioural problem, a development problem, an economic problem and a national security problem. In some African countries, AIDS levels have reached 30% and the life expectancy has dropped to 40 years. Consequently, urgent action is needed, and it is important that all Heads of State attend the Bangkok conference. There will be a special session for them, and upon their return to their countries significant action can be taken. These Heads of State should be the chairs of their HIV/AIDS committees, such is the importance of problem.

The current youth of a nation will become the people who decide the future of the country, and it is these people who will battle HIV/AIDS. Therefore, it is important that these people attend the conference. Participation could be supported by governments, the commercial sector and international schools. Upon the return of these people to their schools they will make a valuable contribution to the fight against HIV/AIDS, and they will be far better placed than the older generation to convey these messages to their peers.

An HIV vaccine will eventually arrive, but it will take time and it will not be a substitute for proper care and treatment. Even now, HIV/AIDS is in the news less often so people are not as wary, and condom use may decline.

Financial and political commitments were mentioned previously, but the need for countries to help themselves cannot be overstated enough. Foreign assistance is potentially useful, but is not beneficial without political will from within the country. The effect on the economy of a country due to the disease can be severe, with a loss of up to 20% of the nation's GDP; a large proportion of a worker's life can be lost to the disease.

Care is becoming cheaper now, with some AIDS drugs costing less than 1 US dollar a day in Thailand. Neighbouring countries should also be able to benefit from these cheap drugs, either by migrants crossing the border or licensed drug manufacture. This can be done in Thailand, India, South Africa, Brazil and many other countries.

In Thailand, even the police distribute condoms – the so called 'cops and rubbers' programme. All hotels should have condoms in the mini-bar, and any hotel that does not will not be booked for the 15th AIDS Conference. It is essential that we continue to work towards destigmatising AIDS so that people do not suffer socially. It may also be necessary to provide income support for some HIV positive people who have lost their livelihood. In Thailand, the Positive Partnership Programme promotes business development between people with HIV/AIDS and those without.

It is hoped that those parliamentarians attending this conference will be motivated to work to counteract the HIV/AIDS problem. Everyone must be involved in prevention, care and understanding.

“The current youth of a nation will become the people who decide the future of the country, and it is these people who will battle HIV/AIDS.” ▼

“In Thailand, even the police distribute condoms – the so called ‘cops and rubbers’ programme.” ▼

“An HIV vaccine will eventually arrive, but it will take time and it will not be a substitute for proper care and treatment.” ▼



Mr. Shiv Khare, Executive Director of the Asian Forum of Parliamentarians on Population and Development (AFPPD)

Mr. Khare spoke on the Asian Forum of Parliamentarians on Population and Development's involvement in the upcoming Global AIDS Conference in 2004 in Bangkok as well as various activities and events organised by AFPPD. The Global AIDS Conference is the first of its kind to be held in Southeast Asia and the Asian Forum will be collaborating with UNAIDS and the Thai Ministry of Public Health to ensure that, as part of the leadership section, a parliamentary session is arranged. Efforts are also being made to convene a satellite parliamentarians' meeting though discussions are ongoing at this time.

"AFPPD would like to make HIV vaccine development an integral part of its programmes and it hopes to obtain some assistance from IAVI in order to do this." ▼

AFPPD will be holding its own specialised meeting in December this year specifically for medical parliamentarians. The International Medical Parliamentarians Conference on Family Health, which will cater to an array of parliamentarians from all over the globe, is set to take place on the 6th and 7th of December. Among the many topics up for discussion, HIV/AIDS figures prominently.

Year 2004 heralds the arrival of ICPD+10 and thus a large number of AFPPD-supported meetings, seminars and conferences will take place under its auspices. HIV vaccine development, a novel topic for AFPPD, will be highlighted under several of these activities, and the Asian Forum will try to involve IAVI in these proceedings.

AFPPD is currently assisting Indonesia and the Philippines in the running of HIV programmes with parliamentarians. In the Philippines, the programme was initiated by FHI, while Cambodia will also start an HIV/AIDS programme in the near future. In China, special educational programmes on population and HIV/AIDS are being conducted specifically for parliamentarians, and HIV and population-related events are to be held soon in the country. Malaysia has always focused on HIV/AIDS, and its programmes incorporate an HIV element so much progress on the issue is well underway there. This is really encouraging, particularly as many other countries in the region are also considering to undertake the same.

AFPPD would like to make HIV vaccine development an integral part of its programmes and it hopes to obtain some assistance from IAVI in order to do this. HIV/AIDS has always featured in AFPPD organised events so it make sense to include HIV vaccine development as a component in these activities.

Continuing expansion of cooperation is integral to the perpetuation of the Asian Forum's dedicated work. A new programme, involving parliamentarians with a professional background, has been initiated in order to extend AFPPD's reach. Apart from working with medical parliamentarians – though this is also a relatively new initiative for the Asian Forum – AFPPD plans to work with parliamentarians who have an academic, judicial or advocacy background. Implementation of this programme is expected next year through funding from the Japan Trust Fund for Parliamentarians under the Japanese Government.

..... Discussion

Senator Dato' Dr. S. Vijayaratnam - Malaysia

During your presentation you spoke on the International AIDS Conference in Bangkok that will take place in July 2004, you mentioned the importance of having leaders, and in particular, the Prime Minister or President of attending countries participate in the conference. While we as parliamentarians may be able to do our part, it would also be helpful, and here I need your commitment, if the Prime Minister of Thailand could personally invite the leaders in the region.

Senator Meechai Viravaidya - Thailand

There will be a very strong, personal appeal from PM Thaksin Shinawatra.

Mr. David Apuuli – Uganda AIDS Commission

As the last speaker said, if the Thai Prime Minister invites the Asian leaders, I hope that he won't forget the leaders from other parts of the world, including Africa! Also, I would like to appeal to the Asian Forum to write to the Speakers of Parliament to ensure parliamentarians from all over will be able to attend and support the International AIDS Conference in 2004.

**Mr. Shiv Khare - AFPPD**

I would like to make some clarifications with regards to how AFPPD works. Currently, we have parliamentary committees as a part of parliament in all the Asia Pacific countries, except for Australia, New Zealand and Japan. Parliamentary committees are official committees within the parliament and everything goes through the Chair of that committee. For example, Dr. Surya Chandra is the Chair of the parliamentary committee dealing with health and population issues in Indonesia and Senator Malinee Sukavejworakit MD is the Chair of the Senate Committee on Public Health in Thailand. They are both members of AFPPD.

Similarly, when we conduct international programmes, we always contact the Speaker of Parliament for each country involved. This is standard procedure and as we are not supposed to invite parliamentarians on an individual basis, we respect this system.

Mr. Jagganath Manda MP - India

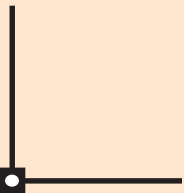
Even though an HIV vaccine is a long way off, we, as parliamentarians, still have an important role to play. Without efforts, we won't be able to contain the spread of this disease so in our positions as role-makers and implementers, we must reach out to our people and advocate for more action on HIV/AIDS-related issues. We can push our governments to frame rules, we can be pivotal to the allocation of appropriate funds for HIV/AIDS, and we can encourage our religious leaders to be more proactive on HIV/AIDS.





Call to Action

Bangkok Declaration and Closing Ceremony





Call to Action - The Bangkok Declaration

31st of October 2003

The HIV/AIDS epidemic constitutes a global health emergency of unprecedented magnitude that impacts economic and social development worldwide and, in particular, the developing world. To combat this global tragedy, a comprehensive strategy is needed at both national and international levels. It should focus on care, support and treatment for those affected by the virus as well as a host of preventive and harm reduction measures, and the development of prevention technologies including a safe, effective and accessible vaccine to control the epidemic. The strategy must be applied within a human rights framework addressing stigma and discrimination against those affected by HIV/AIDS. Elected policy-makers across the world have a crucial role to play in both the evolution and the implementation of such a strategy. With thousands of new HIV infections daily, there is no time to delay.

- We, the undersigned, pledge to provide leadership and take concrete action addressing the complex challenges presented by HIV/AIDS. We believe that development of a preventive vaccine offers the best hope to end the epidemic. This builds on the UN Declaration of Commitment on HIV/AIDS and international, regional and national agreements on HIV/AIDS and its prevention.
- We pledge to inform, educate, communicate, promote and develop strategies, working closely with affected communities, to promote vaccines along with other effective AIDS prevention initiatives.
- We pledge to support research and development of AIDS vaccines and other prevention technologies, keeping in mind the pressing needs of the developing world, and work towards mobilising all countries to allocate appropriate resources to the development of a vaccine.
- We pledge to ensure the full participation of communities affected by vaccine trials and by wider civil society in the conduct of HIV vaccine trials / research anchored to globally accepted standards for ethics in medical research paying particular attention to the human rights of vaccine volunteers.
- We pledge to support the acceleration of scientific progress in research, development, delivery and use of prevention technologies such as vaccines.
- We pledge to build infrastructure and take other measures to ensure equitable access to and effective use of affordable, life-saving AIDS treatment and future AIDS vaccines when they become available.
- We pledge to create an environment among policy-makers and, in particular, strengthen legislation and regulatory systems and procedures that support vaccine research and development, and build capacity in our respective countries.
- We pledge to mobilise political commitment with elected representatives to propel a comprehensive response at national, regional and global levels to the challenge of developing a safe, effective and accessible HIV/AIDS vaccine.
- We pledge to promote collaborative efforts among governments, people's representatives, private industry, international agencies and non-governmental organisations to move forward the commitments made in this Declaration.
- We pledge to support ongoing mechanisms for the implementation, monitoring and review of the Bangkok Declaration.



Closing Ceremony

Senator Malinee Sukavejworakit MD, Secretary General of AFPPD

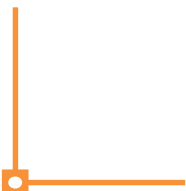
Dear Friends,

Now we have concluded our deliberations on HIV/AIDS vaccine development and gained much valuable information on not only HIV/AIDS issues, but also the efforts made towards the formulation of an AIDS vaccine. As you have seen, Thailand is closely involved and making its contribution to vaccine development. The Thai Government and the Senate all support vaccine development and we all hope that this workshop will help in the better understanding of HIV vaccine issues. I feel that we, as parliamentarians, should take more interest and enhance our role in the tackling of HIV/AIDS issues and vaccine development.

A large number of our people are infected and the majority of them will die. The social and economic implications of this are serious, and it is for this reason we urgently need a cure for HIV/AIDS. HIV vaccines, if developed, could be the best prevention method and as such we should all provide every possible support.

I would like to take this opportunity to thank IAVI in supporting the involvement of parliamentarians in vaccine development and I wish them and you all every success in the future.

Thank you.

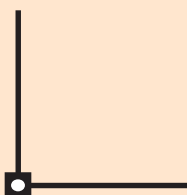






Annexes

Programme and Participant List





Programme - Thursday, 30th October 2004

9.30 - 10.30	Opening Session	
	Welcome Address	Senator Malinee Sukavejworakit MD, Secretary General of AFPPD
	Opening Address	H.E Pol. Gen. Pracha Promnog, Deputy Minister of Public Health, Thailand
	Address	H.E. Senator Major General Manoonkrit Roobkajorn, President of the Thai Senate
	Overview of Objectives	Ms. Kate Bourne, Vice-President, IAVI
	The Importance of Parliamentarians' Involvement	Mr. Prithviraj Chavan MP India
10.30 - 10.45 Tea Break		
10.45 - 11.10	Session One	Mr. Paul Toh, Community Mobilisation Advisor, UNAIDS/SEAPICT
	Overview of HIV/AIDS in Asia	
	Followed by Discussion	<i>Moderator:</i> Rep. Patricia Sarenas, the Phillipines
11.10 - 11.45	Session Two - Part One	Prof. Emeritus Prasert Thongcharoen, Chair of the Sub-committee on HIV/ AIDS Vaccine Development, Ministry of Public Health, Thailand
	Introduction to Vaccine Research, Development and the Clinical Trial Process	
	Followed by Discussion	<i>Moderator:</i> Ms. Patricia de Lille MP, South Africa
11.45 - 12.45 Lunch		
13.00 - 14.00	Session Two - Part Two	Mr. Jean-Louis Excler, Scientific Director of IAVI India
	Introduction to HIV/AIDS Vaccine Trials	
	Experience and Lessons Learned from the Thai AIDS Vaccine Trials	Dr. Pannee Pitisuttitham, Associate Professor, Faculty of Tropical Medi- cine, Mahidol University, Thailand
		<i>Moderator:</i> Ms. Kate Bourne, Vice- President, IAVI
14.00 - 17.00	Study Visits	
	(a) Phase I and II Briefing: Trial to determine the efficiency of AIDSvax B/E vaccine in intravenous drug users in Bangkok. Vaccine Trial Center visitation	
	Phase III Briefing: Trial to determine the efficiency of AIDSvax B/E vaccine in intravenous drug users in Bangkok. Bangkok AIDS Vaccine Evaluation Group (BVEG), Taksin Hospital, with Dr. Kachit Choopanya, Principal Investigator	



Programme - Friday, 31st October 2004

9.00 - 10.30

Session Three

Experiences and Parliamentarians' Key Priorities -
Facilitated Discussion

Session Three

Moderator: Dr. David Apuuli, Director
General of the Uganda AIDS
Commission

10.30 - 10.45

Tea break

10.45 - 11.45

Session Four

A Comprehensive Approach Towards Ending the
Epidemic: Prevention, Treatment and Vaccines

Followed by Discussion

Dr. Praphan Phanuphak, Director of
the Thai Red Cross AIDS Research
Center

Moderator: Mr. Andy Quan, Represent-
ative, the Australian Federation of
AIDS Organisations

11.45 - 12.30

Media Panel

The Role of Media in Supporting HIV/AIDS Vaccine
Development

Mr. Dillip Cherian, Journalist India

Mr. Tawee Jantrapromlin, Journalist,
Thailand

Moderator: Mr. Ajoy Bose, Advisor for
Public Affairs, IAVI

12.30 - 13.30

Lunch hosted by Senator Malinee Sukavejworakit MD Secretary General of AFPPD

13.30 - 14.30

Session Five

Vaccine Development and Access: A Global
Responsibility

Ms. Kate Bourne, Vice-President, IAVI

Moderator: Mr. Li Honggui MP China

14.30 - 15.30

Group Work

(1) Accelerating Research and Development
(2) Accelerating Access

15.30 - 15.45

Tea Break

15.45 - 16.15

Report Back from Group Work

16.15 - 17.00

Next Steps

Regional and International Mobilisation of
Parliamentarians, and the Global AIDS Conference
in Bangkok 2004

Senator Meechai Viravaidya, PDA,
Thailand

Mr. Shiv Khare, Executive Director of
AFPPD

Moderator: Dr. Jagganth Manda MP
India

17.00 - 18.00

Call for Action - Discussion and Adoption

Moderator: Mr. Prithviraj Chavan MP
India

17.30 - 18.00

Closing Ceremony

Vote of Thanks

Senator Malinee Sukavejworakit MD,
Secretary General of AFPPD



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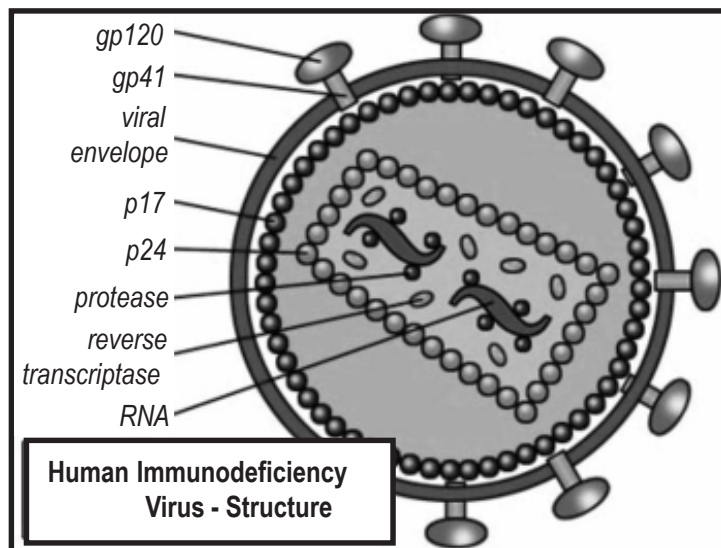
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Acknowledgements

The Asian Forum extends its grateful thanks to The World Health Organisation, P. Viot, and UNICEF for usage of photos and graphics contained in this report



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