

'Timid' governments force NGO action

Venezuela is working to surmount tough religious and social obstacles as well as government inaction to provide its 22 million people with creative and consistent HIV/AIDS awareness programmes.

In an oral session yesterday, F. Reyna Ganteaume attributed this effort to a network of more than a dozen non-governmental and health care professionals. With some financial assistance from UNAIDS, community groups are largely responsible for caring for more than 7,000 persons living with AIDS in Venezuela, and another 350,000 to 400,000 people with HIV.

Ganteaume said the network has discovered that organised communities can overcome government inaction, religious ignorance, and social barriers. Despite institutional silence on the epidemic, NGOs have mounted a successful nationwide AIDS awareness campaign through mass media ads, establishment of an information centre, community events, production of a practical guide to HIV/AIDS, and information meetings with target audiences.

He suggested international agencies like the International Monetary Fund should have louder voices and become more involved with the epidemic, to avoid a "devastating" toll

on human lives. To date, the international community has "acted too timidly and ineffectively".

"Where governments are indolent, where their silence and lack of resolve to prevent the ever-increasing spread of HIV infection are acts of criminal negligence against their people, action should be undertaken through the NGOs," he said. "We have the skills and the work ethic, the commitment and the passion for the AIDS cause, to effect change."



Delegates gather to learn more about using drama in AIDS prevention programmes during a pre-Conference Skills Building Workshop on Saturday.

Véronique Nosbaum

Drop in OIs bypasses developing world

The new drug cocktails are having a proven effect on preventing opportunistic infections. But the new developments remain inaccessible to the developing world. These main points were made during Session B15 yesterday on HIV-related infections.

"The risk of virtually all defining conditions, with the exception of Non-Hodgkins Lymphoma, has decreased by 80-90 percent over the past five years," reports Matthias

Egger of the University of Bristol, citing data from the developed world.

Egger says he looked at the viral loads and CD4 counts in patients taking the HAART treatments at the beginning of therapy and after three months. "Most people experience a decrease in viral load and an increase in CD4 cell counts, but the reaction to HAART varies. The CD4 cell count at three months is the single most important determining factor," he said.

But the new therapies offer little hope for developing countries, emphasised T. Sirisanthana of Thailand's Chaing Mai University. "HIV-patients in the developing world cannot now afford HAART and not in the foreseeable future."

With HAART costing a patient around CHF18,000 per year, Sirisanthana compared the impact of this cost on an American (annual income: CHF45,000), a Thai (CHF12,000), and a Burmese (CHF120). "And now we have to add to that picture the effect of shrinking economies in Southeast Asia. Thai GDP, for example, has dropped by 50% compared with 1996," he concluded.

Programme update

Please bear in mind that Pal-expo is a non-smoking facility. Smoking is permitted only in the lobby near the main entrance.

The ICW will hold a news conference on mother-to-child transmission at 10:00 Tuesday at the Swissair Building, Geneva 2 Suite.

In the course of the data entry process for the Conference Record (or "Phone Book"), a few co-authors of presentations may have been omitted. The organisers and producers apologise for any inconvenience or embarrassment this may cause. As there will be follow-up publications in electronic form which will rectify this, you are in-

ited to come to the Speakers' Centre between 12:30 and 13:00 each day if you wish to discuss your abstract.

Marlene Diaz will co-chair Session B21 at 11:00. Tammy Meyers will present the paper on in-hospital paediatric mortality. Robert Shearer will present a paper on heart, lung and immune abnormalities and high viral burden in rapid paediatric HIV-1 disease.

In Session B22 at 11:00, Lisa R. Hirschorn will present the paper on discontinuation of protease inhibitors.

In Session C23 at 11:00, Zita Lazzarini will present the paper on national HIV reporting. Ron

Bayer will be a discussant. In Session D21 at 11:00, Liz Thebe-Mooketsi will discuss implications for the private sector.

In Session D22 at 11:00, Alexandre do Valle Menezes will present the paper on HIV prevention for heterosexual men.

In Session D23 at 13:00, Jacqueline Desbarats will not attend.

In Session A25 at 15:00, co-chair Hanes W. Sheppard will give an introduction. Michael Lederman will present the paper on host-specific factors and virological failure. An additional paper will be presented by Zvi Grossman.

In Session C27, Don Francis

will address the role of industry. Hans Binswanger will address vaccine and prevention economics.

Session C28 at 15:00 has been moved to Hall II. Reda Sadki will discuss *Third World Immigration Rights Struggles or AIDS Justice in Fortress Europe*.

Session D25 at 15:00 has been moved to Hall VI. Sherr will address psychosocial aspects of breastfeeding. Session D26 at 15:00 has been moved to Hall I. Assane Diop will address health reform and international funding. Pierre Richard will discuss moving forward to address HIV/AIDS. Pakdee Pothisiri will address funding priorities in economic crisis.