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World Chronicle

UNITED NATIONS

PROGRAMME: No. 936 recorded 12 April 2004

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"Treating 3 million by 2005"

HIV/AIDS is still a deadly disease for millions of people, particularly in countries where anti-retroviral drugs are neither available nor affordable. To address this global health emergency, the World Health Organization (WHO) has committed itself to a project called "3 by 5": getting HIV/AIDS treatment for 3 million people by the end of 2005.

Can this target be achieved? Is this a question of resources or of political will? How much -- on a per person basis -- will anti-retroviral therapy cost, using generic drugs? What lessons can be learned from tackling this global health emergency?

These are some of the issues covered in this edition of World Chronicle with guest Dr. Jim Yong Kim, Director of the HIV/AIDS Department in the World Health Organization (WHO). Dr. Kim, who is a MacArthur 'genius award' winner, is on secondment to WHO from the Harvard Medical School, where he is the Director of the programme on Infectious Diseases and Social Change.

WORLD CHRONICLE is produced by the News &Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28'15"
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ANNOUNCER: From the United Nations in New York, an unedited interview programme on global issues. This is **World Chronicle.** And here is the host of today's **World Chronicle**.

WILLIAMS: Hello, I'm Mary Alice Williams and this is **World Chronicle**.

HIV/AIDS is no longer a deadly disease, unless of course you're one of millions of people living in countries where you cannot get anti-retroviral drugs.

To address this global health emergency, WHO – the World Health Organization – has committed itself to something called "3 by 5": getting HIV/AIDS treatment for 3 million people by the end of 2005.

Can it be done?

To find out, we've invited Dr. Jim Yong Kim, Director of the HIV/AIDS Department at the World Health Organization. Dr. Kim is on leave from Harvard Medical School where he is the Director of the program on Infectious Diseases and Social Change.

Dr. Kim welcome to **World Chronicle**.

"3 by 5" is a catchy slogan but how simple is it to get anti-retroviral treatment to 3 million people, presumably many of them in impoverished countries?

DR. KIM: It's not simple at all, there's no…no one that saying it's simple, and we certainly don't say it's simple. But as we look around, we at WHO had been saying for many years now that investing more in health is one of the best ways of pushing forward our aims in the development of particular countries. Well we're seeing this money. We've got 20 billion dollars on the table now; there's 15 billion dollars in the present Bush's initiative, there's another 5 billion that's been pledged to the global fund to fight AIDS, TB and Malaria. The World Bank has at least a billion dollars and probably more, and much of it focused around doing something on the problem of HIV/AIDS. So, with that kind of at least financial commitment upfront, we should be able to tackle this problem. Now, there'll be many things that we have to do along the way but we think that's good. In WHO, we feel that our primary mission is prevention and health systems development – that's always been what we do: vaccines and helping countries develop their health systems. But we think treatment of HIV is precisely the way to go after these larger aims and simply not shirking from the larger responsibilities the way we have to move forward.

WILLIAMS: Joining us here in the studio are, Edith Lederer of the AP, the Associated Press and Philippe Bolopion, of RFI, Radio France Internationale. Philippe….

BOLOPION: Dr. KIM, could you explain to us, what do you think is going to be the most difficult for you? Is it to reach these people? Is it to find the drug to treat them? Is it to find the money? What is going to be the most daunting task for you?

DR. KIM: I think the most daunting task is to get those of us who are in the realm of --who are working in public health to not quit when the going gets tough. It's going to be difficult, there are going to be many problems along the way. But on the personal level, I've …for the last 15 years worked on treating drug-resistant TB for example in the slums of Lima, Peru and in the prisons of Siberia -- things, which have been said were impossible. And so not quitting is really the most important thing because I 'm convinced that we can solve the problems along the way as long as we don't quit.

LEDERER: Dr. Kim, one of the great slogans of the "3 by 5" programme is that it's going to require concerted, sustained action by many partners. Certainly political leaders are obviously high on that list, are you willing to name names and say, who's been forthcoming and who remains in denial and isn't doing enough?

DR. KIM: Let me aggressively take on the first part of that question. I think that there had been many leaders in developed countries. I think in the United States, both the past two presidents, President Bush and President Clinton, have really made extraordinary commitments to this particular issue. And at the level of saying we need to do something about it, I think both of 0them had been really exemplary. In France, President Chirac has also has been extremely supportive, especially of the global fund – a very, very important steps. Now, in terms of those who have not come on board, I think it's really a question of time. And one of the things -- if you look in the continent of Africa, coming forward and saying, "We'll get half of the people in our country on-treatment by the end of 2005 – a time that's 18-20 months away", it's very difficult for leaders to come forward and make such bold claims because they're going to be held accountable if they fail. So what we're saying is that many heads of states in Africa are very supportive of the idea. Some of them have been less willing to commit to such a bold target right upfront. But I think it's because there are real fears of what they're going to have to answer to if they don't reach the target. But for the most part they are coming around.

WILLIAMS: You've talked about how much money there is out there at your disposal in this fight against AIDS, but there is still a funding gap to train 100,000 health care workers to build an infrastructure as you referred to. You've got a gap of 5.5 billion dollars. What about private enterprise? Bill Gates foundation is coming in and giving tons of money for education but what about other private enterprise?

DR. KIM: Well we're currently trying to work with businesses, for example, to help them facilitate and streamline their treatment programmes. One of the things we've done at WHO is come up with a simplified treatment program that doesn't require the amount of testing and the variety of drugs that would normally be required in a First World setting for example. But the simplified regimen is a very good regimen, and we think that in some settings

businesses especially will be able to implement some of our recommendations much more quickly. So we are open to working with them.

BOLOPION: In the U.S. now and in many developed countries, there is a division that AIDS now is a treatable disease that you don't die so easily from it anymore, which is still not the case in Africa and in other poor countries. How much is that perception from the west world making it difficult for you to say AIDS is still a very important disease to give money for and to advocate for?

DR. KIM: You know, If I look at the 20 billion dollars that's on the table right now in just in terms of pledges, I think that the First World has made a big commitment. We will always need more money - I think there is a struggle in that area. But the great thing about HIV treatment, which is what much of this money has been pledged for, is that it's one of those things that people tend to respond to. I mean if you look at the pictures of patients, for example of the ones in Haiti that we've been treating over the past few years, it's really a situation in which you go from people who look like they're dead or just about dead, to looking completely normal within three or four months. So, my own sense is that while we couldn't raise the kind of attention and political commitment when it was only prevention that we had to offer, now that we have the treatment to offer, now that we can prevent orphans from becoming orphans, we'll be able to sustain this but we have to show results quickly which is why we have"3 by 5".

LEDERER: We talk about "3 by 5" as sort of a real panacea, but actually that means that even if the goal is met in the year 2005 there will still be 3 million people who have no access to drugs, and that in effect the world is still condemning them to probable death. How does one deal with this? And is there going to be another "3 by 5" for five years after that to come up with a new goal?

DR. KIM: Well, when Dr. Lee was once asked, "Why did you come out with "3 by 5"? It seems like it's such a crazy target?" And he said, "Well, it's quite simply it's because I didn't think the world was ready for '6 by 5'". So our goal is universal access to treatment and that is what we are shooting for.

Can I take on the ethical issues with this segue? Some people say, "You're now in trouble because you have to decide which of the 6 million are going to get treated, and only half will". But I would say that - that is an ethical problem we can deal with. And we shouldn't assume that if we do nothing there is no ethical problem because if it's '0 by 5', that is the real ethical problem, and we want to avoid living within that sort of ethical dilemma, so we're moving to '3 by 5'. It's going to be difficult, but we in fact have philosophers who work inside WHO, who convene meetings for us to decide the best way to roll out treatment. Its not "you live and you die" - it's "you get treatment now and you get treatment later". So, we are not condemning

anyone to death actually, we are trying to do triage in the best possible way of getting those people who need it most on treatment first and then moving from there.

WILLIAMS: A lot of numbers get thrown around regarding AIDS: 30 million are dead in the last two decades; 40 million currently are living with AIDS. Here around this table we're talking about 6 million people with AIDS. How do you know the numbers, doctor? How do you know that because we know in India, in Sub-Saharan Africa and elsewhere – people are talking about it? People who are suffering from it are not coming forward because of the stigma, so how do you know what numbers you're working with?

DR. KIM: Well the best numbers we have right now are from antenatal clinics, so we are doing HIV testing on everybody in a particular setting. And then you use the best information you have about social patterns - who goes where and who moves where - to go from there to an estimate of the total number. And we think the estimates are good. I mean there are controversies over exactly how to make the estimates, but we think that the 40 million-number is a very accurate...

WILLIAMS: So what's the 6?

DR. KIM: The 6 million are the people that we think need treatment now. Not all 40 million people who are infected need treatment right now. It used to be in the early days of anti-retrovirals that we would just put everybody on antiretroviral therapy. But now we know that it's perfectly reasonable to wait until their CD4 counts of the disease progresses to a certain extent and then we start them on antiretrovirals. The assumption is that anywhere from 10 to 20 per cent of the people will need antiretrovirals at any given moment. So if you work with the assumption that it's around 15% of the 40 million who are infected, 6 million, we think need treatment right now.

BOLOPION: Could you help us to understand more concretely how you want to achieve that goal? Let's take for example a village somewhere in Africa, in Uganda or in Eastern Congo, how do you bring the medicine there? How do you make sure people take it in the appropriate way? How do you make that happen?

DR. KIM: Well, as many people -- it's been a controversial issue of late, but we don't think there's much controversy. It used to be that there were many pills. At first, I remember as a young doctor, AZT, the first medicine we had, was taken five times a day. But now, from going from as many as five times a day, as many as twenty pills a day, we now have regimens that work extremely well; that's one pill in the morning and one pill in the evening. So it's really simplified in many ways, the treatment that we have to offer. So how would we do it? Well, we have to first of all procure the drugs, ensure the supply chain, make sure the drugs are getting to where they're going, get them to local health care personnel or to NGO's, Non-Governmental

Organizations, that would deliver the therapy, and then make sure that the patients have enough support to be able to stay on their treatment regimen over the course of their lifetime. When there are complicated cases, they should be referred up the chain to physicians and even to specialty centres that we hope will be… will exist in every country. It's not rocket science - it truly is not. We've done it in Haiti with almost no fancy infrastructure, with no electricity, in the poorest of villages in Central Haiti. We've done it and that's why perhaps on a personal level, I feel quite confident that it can be done in other areas.

LEDERER: Dr. Kim I'd like to go back to the early days of the global fund to fight AIDS, Tuberculosis and Malaria because when it was launched as you yourself remember, the Secretary General, Kofi Annan, was asking for up to 10 billion dollars a year, and now the fund hasn't even reached anywhere near that and the 20 billion dollars that you are talking about, 15 billion dollars of that is a pledge from the United States and there's no absolute certainty that the US Congress is going to come up with that money. I say this because you yourself have said that not providing treatment to the poor is an abrogation of moral responsibility, that it means one chooses not to question military budgets, tax cuts and other costly expenditures. So, I'd like to know, in terms of the fact that the global fund in 3 years has still not come up with even what the Secretary General wanted for one year, what does this say to you about the state of the concern of the rest of the world for the developing world?

DR. KIM: Well, I think that…you know, if you go back again a little bit further in history, why did this all start? Why are we now at a place where there's 20 billion dollars pledged for HIV treatment when a year-and-a-half or two years ago, the position of almost everybody in public health was - treatment is not possible, we shouldn't try it, forget about treatment in developing countries. I think there has been a fundamental shift in our humanity. I'm also an anthropologist. I have a PhD in Anthropology. As I look back in the history of human being's feeling of connectedness to one another - I think quite a really unique moment. It was gay, white male activists generally, who led the fight here in the United States to force us to think about treatment for Africans for example. I mean, we talked about it in the public health community, Paul Farmer, myself and others, but it was them that really put their lives in line and got arrested, went to demonstrations. They really did something that I think is unique. They extended their own sense of humanity to include Africans who are suffering from HIV and were neglected the way they were earlier on in the epidemic – that is a fundamental frame shift that has lead to this 20 billion. Am I satisfied with it? No, I'm not. I think the world now is waiting for some successes. I think they're waiting for us to show, in the public health world, that we can actually move this money and make it work well. And again that's why "3 by 5". We're not talking about funding anymore. The WHO has said, the funding targets are important, we

should fight for those, but then let's not let anyone do public health by press release. Say we pledge another 20, another 40. Let's force us now to get down to the business of actually getting people in treatment - I think that's where the focus needs to be now. And my belief is when we show those results, the rest of the money will flow.

WILLIAMS: This is World Chronicle. We're talking with Dr. Jim Yong Kim of WHO about how to treat 3 million people living with HIV/AIDS by the end of 2005. Of course one of the problems with HIV/AIDS especially in developing countries is that many people are afraid to seek help for fear of the social stigma; that's another area in which the UN and its agencies are trying to make a difference. Let's take a look at this clip from our Showtime documentary, featuring UNDP Goodwill Ambassador Danny Glover and Sean, a young man living with HIV in Trinidad:

VIDEO ROLL-IN TRT: 2'44"
From "WHAT'S GOING ON?"

GLOVER NARRATING: In Trinidad, there are more than 20,000 people living with the disease, right now, and many of them don't even know it yet. The social stigma of AIDS is keeping people from being tested and from getting medication that can keep them alive.

GLOVER INTERVIEWING: "They know that you have AIDS and at the same time that it's under control AIDS is under control. Do they know that?"

SEAN: "They don't know that one".

GLOVER: "But they'll respect you first of all. And that's what friends are anyway. Friends are people who really believe that their friendship is based upon mutual respect and that you value each other, just as much as you value them. They're not embarrassed by you".

SEAN: "And some don't understand. Some of them think that you can get it by spit…some of them think about (coughing)…it's like a cold, like I have. There's a whole story of that. Some friends I could see in them that they scorn me already…and some won't, It's just like… they're friends with me".

GLOVER: "As you said. There's misinformation about it. And so, what we have to do is that we have to educate those people who are misinformed, by people like you who know and who stand tall and who are still proud of who they are, as you are. You hear what I'm saying? I'm not the first one to tell you that".

SEAN: "Not. Plenty of people are always saying that".

GLOVER: "Well, I am not the first one that tell you that. And you believe it, I know you believe it, and I am proud of you, alright?"

GLOVER NARRATING: With help of the UN, Sean and two other girls from the nursery, Candice and Angel, were invited to come with me and talk with the prime minister of Trinidad, Patrick Manning.

By now, Sean had a mission and a message.

SEAN: "My message is that - try to make the people understand what is HIV and understand that you cannot get it by touching through people, drinking the same cups. I'm trying to make them understand and help the people to get the medication, what they need. I think I have explained a lot, to show what HIV feel(s) (like), how it feels when you're walking around with it".

VIDEO OUT

WILLIAMS: Dr. Kim as we've just seen, you can have the best supply chain, you can procure the medicine you need but without education – you're not going to get your arms around this pandemic?

DR. KIM: I couldn't agree more. And the treatment aspect of HIV/AIDS is terribly important for a lot of reasons, but that doesn't mean that things like education, and more aggressive prevention efforts to decrease stigma, all those things are terribly important but you know just one thing that I can tell you is that both in Brazil and in Haiti, which are the two places that I know where treatment scale-up has happened in resource-poor settings, stigma has changed quite a bit, once it was understood that you can receive treatment for this and that you're not going to just immediately die from the disease; so treatment can change stigma, it's not the sufficient intervention but it certainly does help.

BOLOPION: You were saying there is a sort of moral duty from the rich world to help treat these people to keep them alive; could you also make another argument that it's also a way to keep these economies going, these societies working?

DR. KIM: Well, at World Bank, the World Bank used to argue that the treatment for HIV is not cost-effective because even though you're losing people on a daily basis in large numbers to HIV, that there was competition for resources prior to the death of these people. And the loss of these people was somehow balanced by the lessening of the competition for resources - a very morbid but fairly accurate way of thinking about it - morbid but specific way of thinking about the problem. They're now saying something very different. The World Bank has released a report in July saying that losing people in that prime age, where so much has been invested in them in terms of human capital, and right at the age when they're going to invest so much in the capital in the next generation - that without treatment, societies like South Africa could lead to complete collapse in a few generations. So it's a very different sense of the

impact of HIV/AIDS. Before we were sort of worrying about whether it's going to really have an impact on economic growth or not. And now that we know that when you lose teachers and lawyers and doctors and policemen and all these other people in whom so much has been invested, you're losing way too much to be able to continue a society unless you have something like treatment. So it's a fundamental frameship I think, even among economists about the impact of this epidemic.

LEDERER: I'm sure that one of your goals would be to get rid of this pandemic permanently and at least one way would be to get some kind of a vaccine. How do you see the research going? Is this something that we're going to see possibly in the next five or ten or fifteen years?

DR. KIM: I've heard all three of those numbers, five, or ten or fifteen years, and I'm not sure. I do know however that the efforts of groups like the International Vaccine Institute and also the new work of the Gates Foundation is starting along with research happening at NIH (National Institutes of Health). There's a lot of very promising leads out there that I know of, but one of the interesting things about this virus is that we know that it mutates even in response to the human immune system. So it's a tricky virus.

WILLIAMS: And that was going to be my next question. We also know that this medicine must be taken every single day. Do you worry that when your distributing this amount of medicine to this many millions of people that if there are those who do not…who fail to take their medication as prescribed… that AIDS will develop drug-resistant strains and then we're starting from scratch.

DR. KIM: A few points. First of all, I don't think that there's anything that we gain of great importance by having millions of people die with a drug sensitive virus. So watching a lot of people die but saying, at least we didn't create drug resistance, this to me is not a good option. Secondly, if you look at the story in the….no, no, no (laughter)…but some people have said that. So we shouldn't treat at all because of the problem of resistance - so let me take the arguments one at a time. In the United States where we have had terrible treatment histories meaning we started with mono-therapy, then dual-therapy, then triple-therapy, still to this day there's not a single drug that's completely lost it's efficacy in any regimen among the population here. So it's very interesting and we've not, in the United States, we haven't focus on treatment support, directly observe therapy, helping people to maintain…to follow the regimens. In Haiti what we've done is we provided treatment support workers who watch patients in the morning take their medicines to make sure that they are taking them and in the evening another person in the family watches them. With those kind of interventions, what we're simply calling treatment support work, the development of resistance has been very, very low. And we think

that even if there is some resistance in the population there are enough drugs available now to be able to sustain treatment for a very long time. And if we can add three, four or five years on to the lives of mothers with young children – that can make all the difference in terms of the life of a young child.

BOLOPION: So, some of the things you say almost as scary when you say for example that the World Bank at some point was saying, "This is not cost-effective to save these lives". How much of all that you feel is still a sort of racism from people who are in-charge in these organizations? How much do you have to fight to make the case that these lives are important?

DR. KIM: You know cost-effectiveness is a particular thing that I've…a particular phenomenon that I watched very closely as an anthropologist. I mean one of my anthropological works these days is mostly studying big institutions, and the cost-effectiveness argument is one in which we try to take economic modelling and mathematical formulas to help us make better decisions. But I think one of the errors that we made was to think that as long as you have cost-effectiveness analysis the more unethical questions go away. You've got a certain amount of money and all you have to do is divide that up in a more cost-effective way as supposed to saying, "Wait a minute, is this the right amount of money?" Can we really look at a country that only spends 3 dollars per person per year for health, and say that our only role as public health people is to help them divide it up cost-effectively? I think we have to do more, and I think we are doing more. And HIV is a prime example of where we've really won the argument and said, "It's not a matter of choosing between prevention and treatment, it's a question of doing both, and doing both as effective as possible." So I wouldn't call it racism. I think there's over reliance and too much faith in a tool that gave us the sense that we didn't have to struggle so much for the moral and ethical question because we have now this mathematical tool.

LEDERER: You are a vocal advocate for Universal Access for AIDS and Tuberculosis medication. You've founded an NGO, Partners In Health, to support treatment for poor people in half-a-dozen countries. You're now working at the World Health Organization and you're still a very young man. You've just talked about re-doing institutions. What are your next big projects and goals? Where does one go from tackling AIDS?

DR. KIM: AIDS is quite enough on my plate at the moment and I think we'll still see if the UN system will tolerate having a person like me inside its walls, but what I found is that having 192 member states is an extraordinary source of power and insight and I'm very happy to be a UN employee for the moment.

WILLIAMS: And this is a man who won the Macarthur Foundation, Genius Award if you please, for bringing pharmaceuticals to the table for equitable drug-access, may you be able to do that with anti-retroviral drugs for ART [anti-retroviral therapy].

Dr. Kim, thank you for being with us on this edition of **World Chronicle**. Our guest has been Dr. Jim Yong Kim, who is leading the World Health Organization's effort to treat 3 million people living with HIV/AIDS by the end of 2005. He was interviewed by Edith Lederer of the Associated Press, and Philippe Bolopion of Radio France Internationale.

I'm Mary Alice Williams. Thank you for joining us, we invite you to be with us for the next edition of **World Chronicle**.

ANNOUNCER: Electronic transcripts of this programme may be obtained free of charge by contacting World Chronicle at the address on your screen:

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