

**HUMANITARIAN &  
DEVELOPMENT  
PROGRAMME**

# **IS A LIFE WITHOUT AIDS POSSIBLE?**

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**« GLOBAL HEALTH » THINK TANK**



For 35 years we have lived in a world where AIDS has run wild.

For 35 years, all around us, even in the smallest village in France, in Mozambique, in Laos, men, women and children have been infected with HIV and have died thereof.

For 35 years we have known how to protect ourselves.

Despite prevention campaigns, the work of healthcare professionals, civil society efforts, scientific progress, (which each been insufficient, incomplete, slow and not all-encompassing enough respectively) people with HIV are found on all continents and in all countries.

However, we know condoms are effective in controlling this epidemic.

Solely *controlling* this epidemic will not be enough. We will need to utilise other preventative methods in order to reduce, and eventually completely halt the spread of infection.

We must offer other preventive and protective solutions to those not sexually fulfilled using condoms.

These tools exist, shown by the increase in preventative options over the last 35 years, which allows everyone to choose how they protect themselves.

In order to make a choice, one must have all the options laid out before them – and this will be the major challenge we will face in the upcoming years.

Since the end of the 20<sup>th</sup> century, care protocols have been put in place to reduce the transmission of the virus during pregnancy from an HIV positive mother to her baby. This vertical prevention works perfectly in favourable conditions: in cases which have been identified early and where treatment has commenced immediately after diagnosis.

The treatment has operated simply for nearly 20 years: it reduces the amount of virus circulating in the mother's blood and plasma until it becomes undetectable, at which point it is possible to have a HIV-negative baby.

Research clinicians made a further discovery 10 years ago. In couples with different HIV statuses (one positive, one negative), if the positive patient is treated appropriately (an undetectable viral load in their blood) there is no transmission to the partner, even in the absence of other types of prevention. This is a preventative treatment (TASP).

For more than 6 years, care tests on a pre-exposure prophylaxis have been put in place and produced successful results: it is possible to chemically protect oneself against AIDS. This is called PrEP (pre-exposure prophylaxis).

Multiple attempts have been made – French, British, and American – which all came to the same conclusion: – if these prophylactic treatments are taken, they are as effective as condoms in the prevention of an AIDS infection.

If we add the mathematic model described by GRANISH to this problem, it is clear that the spread of infection could stop in a few years if and only, if we detect all HIV positive people and treat them all immediately.

If we were to add PrEP to this task, what would stop us from reducing infection rates?

The ideas, ideologies, intimate convictions, liberalistic laws, and generalisations - the moral positions - are slowing progress.

Laws stigmatise and discriminate against individuals belonging to marginalised groups – e.g.: sexual ethnic, gender, or professional minorities – only accentuating their differences until they are rendered extremely vulnerable.

If people with HIV had limited access to work or care -- do you think we would think twice before screening them?

If we imprison gays who carry condoms or users of psychoactive substances who carry syringes around with them, do you think that this will encourage protection and health centre visits?

In countries where PrEP is available, stigmatisation has resulted in the labelling of “preppers” into ‘irresponsible people’ or into ‘ugly libidinous people without brains’. Do you think that those in need would reach out to dedicated consultants who provide PrEP?

Understanding the specificities of groups most affected by HIV remains an irrevocable part of the struggle. Enabling them to access the conditions and tools for prevention will be essential for the creation of an AIDS-free world.

EVERYTHING has an end. AIDS?

AIDS does too! Without a doubt.

AIDS will not be eliminated without conviction, value, rage, probity, engagement, without will from ALL.

Some of us have known for quite some time that biomedical treatment ALONE will not save us. Only a combined approach will work.

A huge dose of courage is due to those who belong to communities who are most exposed to the virus. Everyday they are faced with discrimination torture, mockery worldwide.

Courage is due to ALL those who fight, who have struggled for over 3 decades against winds and tides, who oppose generations of spontaneous reactionaries, revisionists, opportunists, imposters, liars.

Courage to the few politicians – both men and women working on the frontlines, who have dared to affirm that the future of humanity is about increasing rights, liberty, love. These people are on the RIGHT side of the 21<sup>st</sup> century. They make their political choices and choose to side with the weak, those who need help. These people are too rare, rarely accompanied, never valued enough.

Courage to all those with HIV who for every hour of their lives, feel like it is their last minute, who are stigmatised everyday at work, who regularly hear horrible insults in their school courtyard, in the street, in the market or on TV.

To lose so many friends who will never come back.

To have lost so much time will never be made up for.

To have lost our illusion, our youth our joy and our energy.

Nevertheless there are several reasons to keep hoping, at least from a medical perspective. Those who are infected with HIV and seek immediate treatment will live a long life, despite the presence of the virus in their body. The diversification of diagnosis methods will also allow for diagnoses, and thus treatment to begin earlier.

This is a new era.

A new era of prevention.

A new era of therapy.

A new era of welcoming and accompaniment.

No, the struggle against AIDS is not taking up too much space, too much attention.

No, we are not doing too much.

The struggle against AIDS speaks of poverty, sexism, homophobia and trans-phobia.

The struggle against AIDS speaks of poorly-spent funds and politicians deaf to the cries of their people.

The struggle against AIDS needs a revival, more truth, less diplomacy, more democracy; Less complacent and complicit smiles and more relevant and useful action.

Yes, we are at a turning point in this epidemic.

We are building a movement that is proud, intransigent, simple, and effective.

We will honour all those that have come before us and those who have lost their lives in the past 35 years.

The STRUGGLE continues.

Progress is here.

Let's combine our knowledge and our will, and be victorious. ■

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*A Think Tank under the*

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