Interview with Dr. Desmond Johns, a South African medical doctor,
Director of the UN AIDS Office in New York, June 2003

WG: As you are a medical doctor and Director of the UN AIDS Office what, in your view, is the possibility of finding a vaccine and/or a cure for this disease within your lifetime?

DJ: Well, I guess what keeps us all going is the promise of something being done, or something being found in the short to medium term, but such optimism has to be tempered by the reality that 10 years ago we were saying that we were ten years from an effective vaccine and, at this stage, we are still saying pretty much the same thing. This is largely because of the nature of the HIV virus; the inefficiency of its reproductive processes means that many mutant forms evolve with each generation cycle. And in a robust but scientifically inefficient reproductive process such as this, we are finding strains of the virus that are naturally resistant to all our experimental vaccines. But there is ongoing work, lots of resources and intellectual capital are being invested, and several trials are now entering the phase one and phase two stages of development, so we may still see the evolution of a vaccine in the short to medium term.

WG: Please discuss the other avenues for helping to stem the tide of AIDS, other than through a vaccine?

DJ: In a sense we already have what may be termed a social vaccine: if one is faithful, if one avoids risky behavior, and if universal health safeguards in terms of safe blood, safe needles, safe injection practices are under way, we already have at our disposal proven mechanisms to deal with the spread of HIV/AIDS.

WG: Do you think that the attempts to fund reproductive health services are also important?

DJ: This is absolutely critical, but also to remove this somewhat from the clinical or hospital style health context, one has to understand that changing people's behavior is critically important and to do so, we must both provide people with the information that they need, as well as access to the services that they would require. Giving people advice on how to protect themselves without a way of accessing services is more than irresponsible.

WG: It's been over 20 years since the first AIDS cases began appearing. Do you have hope that the world community will be able to summon the political will to finally deal appropriately with this crisis?

DJ: We have seen a dramatic increase in the political will and political commitment to do something about this. But this has to translate into increased resources, both human and financial, in order to create the programs on the ground that we need to make a difference. And such resources must not only focus on prevention, but also on care, treatment and mitigation of the impact of the epidemic as it currently exists. It means we have to care for those infected and affected by AIDS, we have to care for orphans, we have to educate young girls, we have to keep them in school, we have to empower women, because simply addressing the consequences of the epidemic without addressing what makes people vulnerable in the first instance is self-defeating, we are only treating one-half of what is a very complex problem. It means caring for those who are infected as well as preventing the vulnerability of future generations.

WG: I also understand that there's a grave crisis in Africa because so many of the doctors and nurses have died from the disease.

DJ: Indeed. When societies reach prevalence levels that affect greater than 30% of the population, one could imagine the impact that this has on the societal institutions and if we are to build happy, stable and equitable societies in various parts of the world, you need to have institutions in place that take the young from being young individuals to being productive members of society, and this requires functional social institutions. The stability and security implications of having large numbers of young people who are orphaned and poorly anchored in the societies in which they live is, in fact, a ticking time bomb that no government wants to have to deal with.

WG: What are the most important changes in the climate of world public opinion about AIDS that would have the most positive impact on combating the epidemic?

DJ: I have to say that in the first instance, eliminating stigma and discrimination is an important consideration.

WG: Isn't that the slogan for this year's campaign for AIDS?

DJ: Indeed it has been the theme for last year's and this year's world AIDS campaign. And that is based on the knowledge that until we make or create a safe zone, or at least a level of comfort within people to appear for testing, to appear for services, we're not really going to get on top of the epidemic. In fact, evidence is emerging that in some places where treatment options are being expanded, people are *not* appearing in the numbers that would be expected because of the impact of stigma and discrimination. When knowing one's status is little more than having to confront one's own mortality, and that for someone in their twenties is a frightening phenomenon, that on its own is bad enough, but when it in fact places you at risk of losing your job, your employment, or being ostracised from your family, one can understand why there is still this difficulty with people presenting for testing and services.

WG: What does the UN in particular do to help combat this stigma, what programs are you implementing?

DJ: Well, to summarise, it is to show the human face of HIV/AIDS, to show that there are individuals behind the statistics that are put out each year, that they are people like you and I.

This disease cuts across all segments of society – everyone is potentially vulnerable. It is not a curse visited upon people by God because of lifestyles they follow, how they look, because of their color, or whatever criteria you want to look at. And showing the human face of HIV/AIDS, and having leaders – religious leaders, business leaders, sports people, media celebrities, political leaders – come out strongly in favor of eliminating stigma and discrimination, and doing this by actions as well as by speeches, we will in the long run begin to overcome this considerable obstacle. And finally, in addition to the need to address discrimination, we need more resources. We know that an effective response is going to require about $10 billion a year by 2005, and that will go up to about $15 billion by 2007.

WG: Has there been any other response to match President Bush's recent allocation of $15 billion to help combat AIDS?

DJ: Not anything that we've seen officially, but there are suggestions that there would be. The French have increased their annual commitment to the Global Fund three-fold, from $50 million to $150 million per year. And we are optimistic that there may be similar announcements from other bilateral donors, and perhaps even the European Commission itself.

WG: One more question about the stigma aspect of this disease. When you say that public figures are coming out and not only giving speeches, but in other ways helping to combat this problem, how does that message get out in a continent such as Africa, where the means of communication are not so advanced as in the Western world? How are we able to deal with this problem specifically in the Third World?

DJ: Well, this actually happens at multiple levels. Even though people may not have TV sets, radio penetration is very good. We also use innovative measures with partners. For example, Coca-Cola is able to access the smallest shop in the most distant locations, and they carry material for us; we are using their distribution networks to take information and education materials to remote locations. We work with multiple civil society partners, using theater and various other methods to access them. And certainly the reach of prevention programs has increased considerably – it's not exactly where we need to be yet , but it is increasing. But we need to also bear in mind that those prevention messages are as relevant in Brooklyn as they may be in Africa. So, getting the message out is not only a matter for developing countries or poor countries, but also for rich ones as well, where we're beginning to see perhaps a warning upturn in the rate of new infections.

WG: You probably know of the work of an AIDS activist in South Africa, I don't recall his name, who himself is infected with the virus but who refuses to take the anti-retroviral medication until the government makes it available to all people. What do you think of such actions?

DJ: You no doubt are referring to Zackie Achmat , who has certainly been at the forefront of AIDS activism in South Africa and elsewhere, and as you know, has impeccable credentials. Certainly as a clinician, this is not necessarily something that I would support, but I can understand his personal conviction and reasons for doing this. As I understand it, the South African government has convened a task force, including the Health and Treasury Departments, to estimate the cost of rolling out a full-scale treatment program, including anti-retrovirals, through the public sector in South Africa. And that report on this program is

likely to come before the Cabinet in the short term. So like my answer to your question on vaccines, one has to remain optimistic and believe that things are moving in the right direction. Certainly in terms of people being able to access anti-retrovirals through the private sector, we've seen great movement by various large companies. South Africa has a well-developed private insurance system which, to date, I understand, has provided access to the anti-retrovirals through the private insurance to in excess of 15,000 people.

WG: How many people are currently infected in South Africa?

DJ: Well, the estimates are around 4.7 to 5 million.

WG: So that leaves a lot of people untreated.

DJ: Well, since anywhere between 10 and 15 percent may require treatment at any one time, yes it does leave a considerable gap, but not a gap as big as 5 million.

WG: As a way of summary, is there anything that you would like to share with us, any reflections about your work and your own thoughts about this global crisis?

DJ: Yes. It's just a reminder that we do have a plan in place, and this is the Declaration of Commitment adopted by the UN special session just two years ago. It lays out a timetable for various actions and has time-bound targets, the first of which becomes due this year, and which we'll report on at the General Assembly in early September, and a second list of targets that falls due in 2005, which relate specifically to program coverage and impact. So we have a plan, and given the appropriate resources, we can take the host of pilot programs and emerging success stories to the scale that is required to really make an impact on the epidemic. So the word is scale up, scale up, scale up.

WG: And so, therefore, you are optimistic that we can get a hold on this disease?

DJ: Oh yes, I am.

WG: That's a very positive note on which to end our interview. Thank you so much for taking time out of your very busy schedule to speak with us.

DJ: It's a pleasure.

WG: Thank you again.