

**Interview: 15th International AIDS Conference
Suniti Solomon, M.D., director, YRG CARE (Y.R. Gaitonde
Centre for AIDS Research and Education)
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JACKIE JUDD: Dr. Solomon thank you for joining us. Since I've arrived in Bangkok, the question I keep hearing asked is will Asia become Africa? When it comes to India, what is your answer to that question?

SUNITI SOLOMON: No I don't think India will become Africa because the reason I would say is our curves. If you look at the surveillance and the prevalence in the country, we are somewhere at one and two percent. To reach a percent of ten or twelve, I don't think will happen in India, because if it does happen, it is total chaos. You can imagine we have one billion people in India. But even with one or two percent prevalence we have the largest number of people with HIV in the world.

JACKIE JUDD: And in hard numbers, how many people do you believe are HIV positive in India versus the official government figure of what is it about 4 million?

SUNITI SOLOMON: Five million now. Right. I would say maybe it's double of that, about ten million people are infected because in my clinic I see people who say you know I had the [inaudible] six years ago. I was fine so I didn't go for a test and then now I have this funny cough or cold, pneumonia and I have landed up, which means people who are infected don't know they are carrying the virus. So I feel

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definitely the number must be at least double of what is officially being said.

JACKIE JUDD: And why are you confident, if that's the right word, that it won't escalate to ten or twelve percent of the population?

SUNITI SOLOMON: Because we've been looking. I know India hasn't done much of incident studies because we are the ones who are just started incident studies in Chennai [misspelled?] and Towanda [misspelled?]. We are only looking at prevalence. And if you look at our prevalence over the period of the last five years, it hasn't really taken off like it has in Africa. It's still at somewhere at one or two percent like in the antenatal clinics and if you take the high risk population of people attending the STD clinics, it has gone to like maybe five, seven percent. It has been, you know, just going up and down at that level. It hasn't gone more than ten, fifteen percent.

JACKIE JUDD: And is that because is the awareness greater? I was reading an interview that you did about a year ago with another news organization and you said that at that moment everybody presumed it was a disease of prostitutes and truck drivers. Is that still the case or has the awareness in the past twelve months grown?

SUNITI SOLOMON: I think people still think it is a

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disease of marginalized community. It won't happen to me. The denial is very, very strong. So I feel not much change but if you take the data we have at our center, 80% of women I'm taking care of have a single partner. So you know the house, it has spread into the housewives, but it is these women whose husbands are at risk and the women don't perceive it. And they have no way of preventing infection to themselves because the men don't use the condom. The women have no microbisite [misspelled?] or the female condoms are not popular, they're expensive so they're not able to protect themselves.

JACKIE JUDD: And so education of course is key. I don't want to turn this into a self-promotion for Kaiser, but I know that a new public awareness campaign has just been launched. Can you tell us about that?

SUNITI SOLOMON: Uh, the Heroes Project?

JACKIE JUDD: Yes.

SUNITI SOLOMON: I think that's a great idea, because earlier it was only being done by people in the social work, the NGO's [misspelled?], the government. Now the Heroes Project have brought the celebrities in and I was there at the launch of the Hero Project in Mumbai. The crowd which came in and the number of questions which came out and the publicity, You know we need all this so that when people read that somebody from outside the country is coming to do this, they

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must think twice. Maybe we are not doing enough. So we have to do more. And there must be something very serious we have not understood yet, because the way Richard spoke he said, you know

JACKIE JUDD: Richard Gere

SUNITI SOLOMON: Richard Gere. He spoke. He said I have lost more than 100 close friends of mine to this disease. And I'm sure in India that even if somebody had died, a friend of the deceased, it wouldn't have come out in the death certificate. No one would have ever known that the person died of AIDS.

JACKIE JUDD: So what is your hope for the Heroes Program?

SUNITI SOLOMON: I'm just going along with them trying to talk about it, because I was, I've been working in this from the time I detected positives in '86 and that's what I said in the media the other day. I said, look for fifteen years I have been screaming at the top of my voice, but none of you even came and spoke. Now because Richard Gere is here, all of you are here. I said at least let this be a good beginning for the Heroes project.

JACKIE JUDD: But is your expectation that other celebrities, famous people, in India will now begin to speak out because they see others doing that?

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SUNITI SOLOMON: I think people in India are still a little worried about coming out and speaking about HIV and AIDS. But I think this heroes project has motivated a few top star celebrities in India to chip in their little bit to help in the awareness for HIV. But what I was trying to say even in that was, you know, you have to make people perceive they are at risk. They always think this is a disease of sex workers and truckers so it won't happen to me. That attitude has to change.

JACKIE JUDD: Let's talk about money for a moment. What was your reaction when you found out that the Bush Administration had decided that the fifteenth country that would receive funding under PEPFAR [misspelled?], the President's emergency fund program was to be Vietnam, not India, as some people thought it might be. What was your reaction and what's the impact of that decision?

SUNITI SOLOMON: I was very sad because I was so sure it would be India, the fifteenth country. The impact definitely would be people in India may think oh, Vietnam has a bigger problem than India, but I know we have a much bigger problem than Vietnam. So even the thought of this disease being something like, you know, it's going to be an epidemic in India is gone because they think oh the Americans think it's not a problem here. That was the thought of many friends I

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spoke to. Maybe Vietnam needs it more, they have a bigger problem. But I am, I think India has a major problem with this disease. You know it may not be the prevalence but the numbers are what is going to be frightening.

JACKIE JUDD: And so you're worried it will send the wrong signal? I mean in addition to the absence of the money, it's also the statement that is being made.

SUNITI SOLOMON: Sure.

JACKIE JUDD: What about your own government, India's government? How do you evaluate their efforts in terms of money, access to ARVs?

SUNITI SOLOMON: I know Indian government spends eleven cents on health care per person. But in this budget which just came out I think three days ago, there's a big chunk of 290 [inaudible] for AIDS. It's earmarked for the first time I think in Indian budget, it was earmarked. This is for AIDS prevention.

Now when we talk about ARV, the government wanted to rule out antiretrovirals on April 1st. And in one year to have 100,000 people on the drugs, but we haven't done very well. I think maybe about 3,000 to 4,000 people have gone on the antiretroviral drug all over the country. This is the government's program.

JACKIE JUDD: And what's the greatest obstacle to, I

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mean that's a huge gap between 3,000 and 100,000.

SUNITI SOLOMON: A hundred thousand was at the end of one year, but still. You know, I think the Indian government didn't realize that to procure this drug it's a lifelong treatment, patients have to be on it so it should be available at the clinic month after month. And then we need to train clinicians to give the right combination and then look for the side effects. We need to train counselors to talk about adherence otherwise we are going to have resistance strains. So giving antiretroviral drugs is just not handing over the drugs. It's much more than that. I think the government didn't realize it.

JACKIE JUDD: What you've just described is what I've heard elsewhere in the world. The same difficulties with ramping up for ARVs. Is it the same experience with other countries you're familiar with? Or are there unique and particular problems to India in terms of the ARV rollout?

SUNITI SOLOMON: I think the problem in India was that people have to travel quite a distance to come to these places to collect the drugs and month after month they have to do this. And somehow in India people think they feel better they stop the drugs. This is what I'm worried about, because we've done a little study in our center and we find 14% of people who have never taken ARV, that is ARV [inaudible] patients have got

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resistant to NNRTIs [misspelled?]. So which means this resistance strains are already in there and we don't want it to become larger.

JACKIE JUDD: Fourteen percent?

SUNITI SOLOMON: Fourteen percent. And we have a paper of that in Bangkok.

JACKIE JUDD: You mentioned earlier you've been at this a very, very long time. Where do you think you are on the road up to conquering this epidemic? Midway through, in the very beginning, where?

SUNITI SOLOMON: No I think we've, the very beginning is over. Maybe somewhere catching up to midway I would say because when I first used to see patients ten years ago I had nothing to offer them, except to let them cry on my shoulder maybe and put hand around them. You know and tell them look, we have vitamins, take good nutrition. Maybe three years from now we'll have a drug which will help you, but today I don't need to tell them. I say oh look, this is like another chronic infection. I have hypertension. I swallow drugs every day. So it's just like that and you can keep it under control and the cost of drugs used to be about \$800 a month has come down to about \$30 a month which is 40% of my patients are able to afford that. So I think we have definitely come midway and I'm sure in the future we'll have a vaccine or a cure.

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JACKIE JUDD: A final question. Bringing it back to Bangkok, what would your definition of success be for this conference?

SUNITI SOLOMON: I think if it can get all the policy makers who are here to understand how important it is for them in their own countries to make policies which will give access to treatment to all people who are infected with the virus. It doesn't cost much. It's just the effort and definitely any government can put that bit of effort to give a better quality of life to people who are struggling with this disease.

JACKIE JUDD: Dr. Suniti Solomon, thank you very much for joining us.

SUNITI SOLOMON: Thank you.

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