

Rethinking Aids Conference - Oakland - November 6-8, 2009

What about Africa?

Aids in Africa - a call for sense not hysteria

Christian Fiala, MD, PhD

Specialist in Obstetrics and Gynecology

Vienna, Austria

Member of Presidential AIDS Advisory Panel, SA

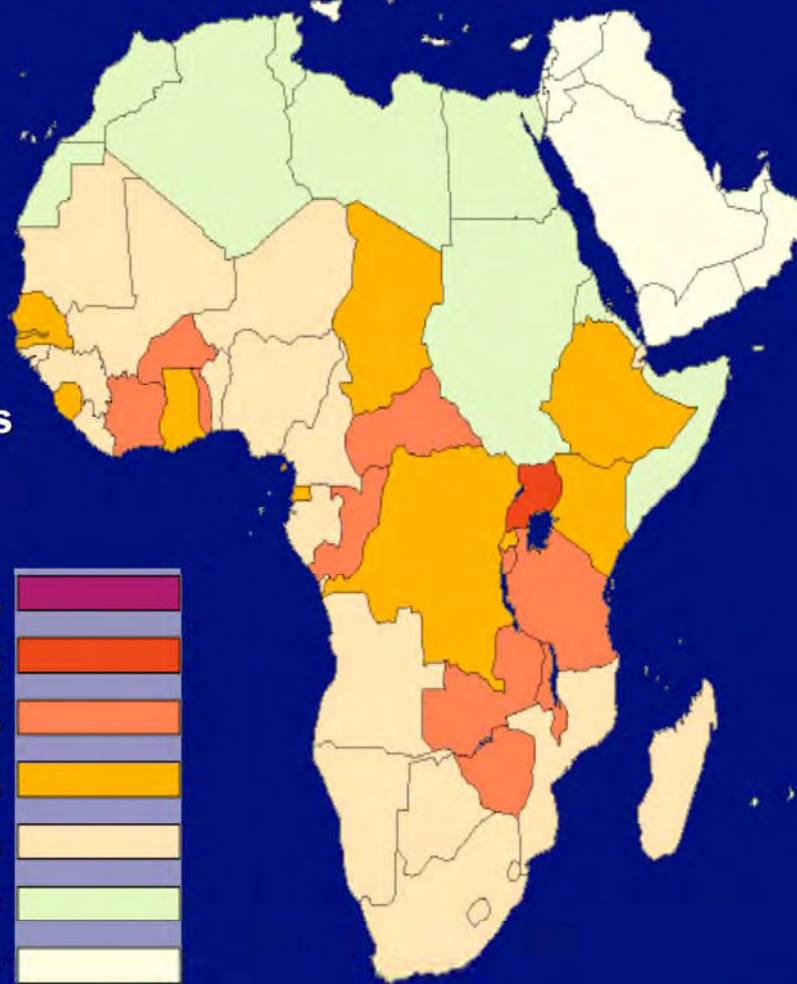
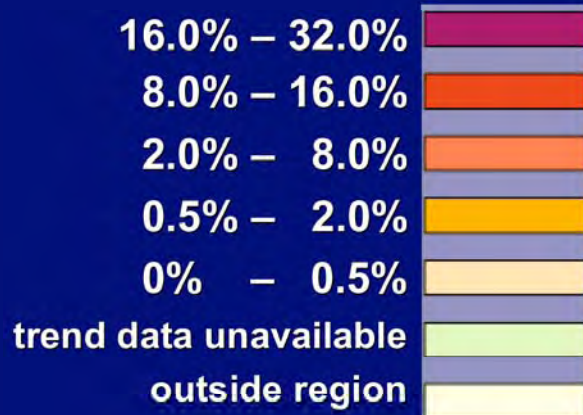
Aids in Africa - a call for sense not hysteria

- Findings from the beginning of the 'Aids' epidemic
- Predictions and the underlying assumptions
- Comparing current findings with predictions from the past
- Explanations of the contradictions
- What is needed to help people in Africa?

Why is Uganda an example?

Spread of HIV in sub-Saharan Africa, 1987

Estimated percentage of adults (15–49) infected with HIV



World Health Organization

UNAIDS—Addis—May 1999



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

Why is Uganda an example?

„AIDS is already the most common cause of admission and death among hospitalized adults in many parts of the country. 1 million adults out of a country of 17 million people are estimated to be HIVseropositive.“

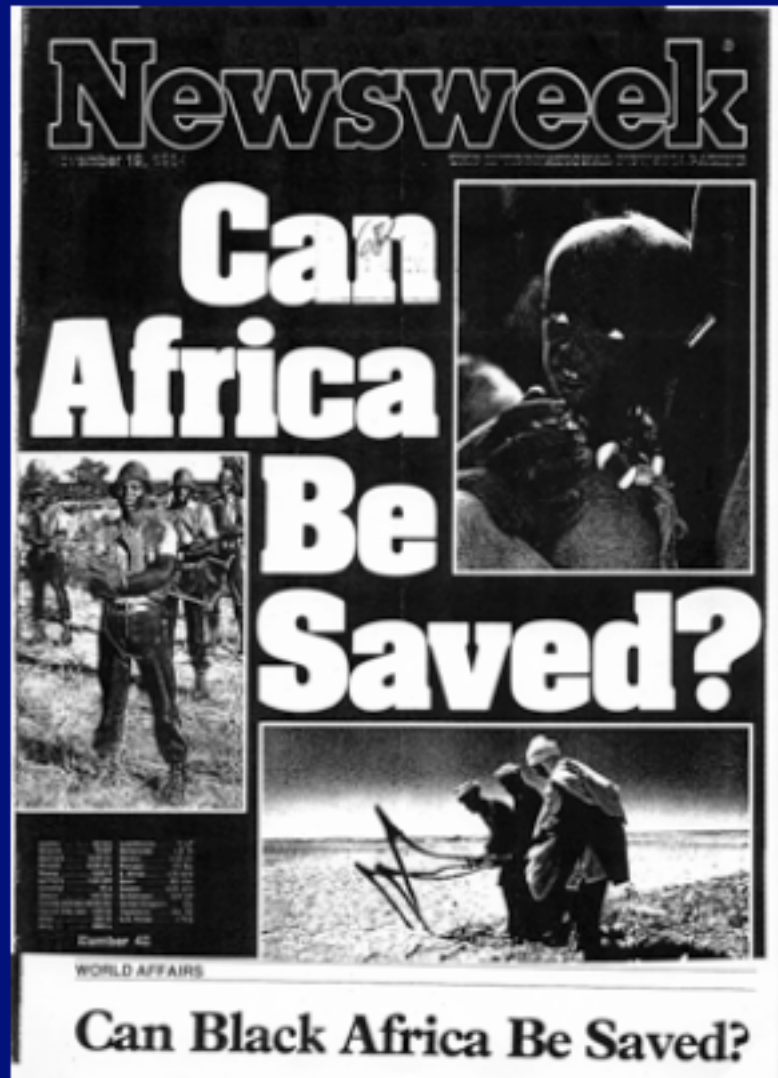
N Engl J Med. 1990

“Already, ... 50% of beds in a hospital in Kampala, Uganda, are occupied by people with HIV.”

UNAIDS and WHO, HIV/Aids situation December 1996

Update on Uganda , C. Fiala

What do we believe to know about Africa?



November 1984

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What do we believe to know about Africa?

SCIENCE AND MEDICINE

NEWS

Experts predict global devastation due to HIV/AIDS

THE LANCET • Vol 360 • July 13, 2002

The economics of HIV in Africa

“. . . the consequences of [AIDS] stand to undermine all efforts to promote development in Africa.”

THE LANCET • Vol 360 • July 6, 2002

Update on Uganda , C. Fiala

What do we believe to know about Africa?

„... multi-partner sexual behaviour
deeply-rooted in polygamous African
societies ...“

Dr Piot, UNAIDS in BBC, 14 September, 1999

Now: Chairman of the King Baudouin Foundation, Brussels

Mission statement:

“make a lasting contribution towards greater justice,
democracy and respect for diversity”

What do we believe to know about Aids in Africa?

- Sexuality of Africans is different
- HIV is widely transmitted sexually in Africa
- HIV tests are reliable in diagnosing infection with HIV
- HIV invariably leads to Aids
- Aids invariably leads to premature death
- ARVs can delay or prevent premature death

A deadly epidemic in Uganda?

„the HIV prevalence in 1991 around 15% among all adults“

„By the early 1990s a large part of the HIV & AIDS infected population had succumbed to opportunistic infections“

„The Aids epidemic has killed approximately one million people“

„The reason so many people died in this decade is that there was no available treatment“

A deadly epidemic in Uganda?

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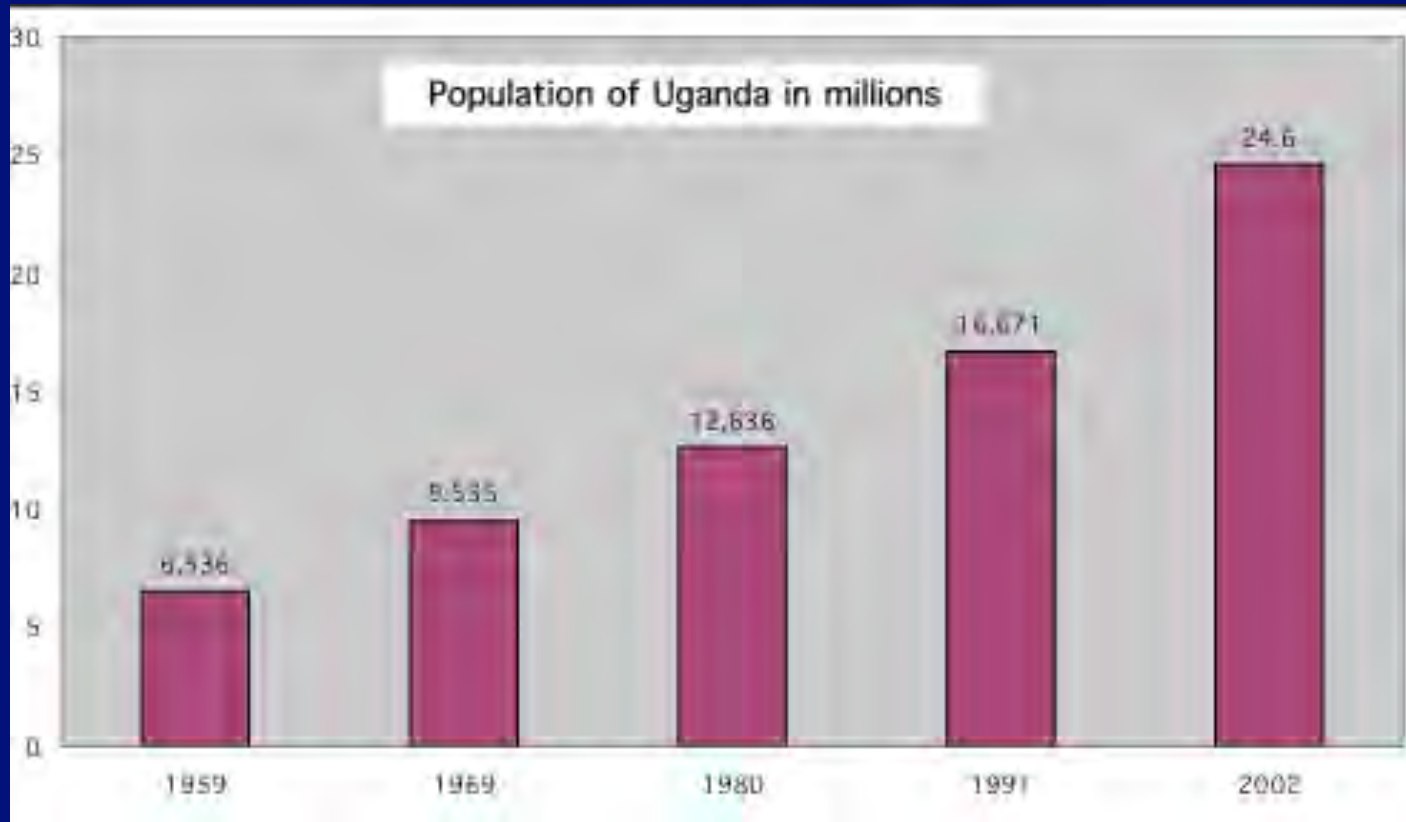
„The reason so many people died in this decade is that there was no available treatment“



annual population growth 3,4 %

A deadly epidemic in Uganda?

Annual population growth rate has increased dramatically in the 'Aids' era
Uganda now is among the fastest growing countries in the world



annual

population growth

3,8

2,7

2,5

3,4 %

SOURCE: Uganda Bureau of Statistics, Entebbe, Uganda
www.ubos.org/

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Where we are after 25 years of Aids pandemic

UNFPA:

With an annual rate of growth of 2.2 per cent,

Africas population is expected to increase

from 906 million in 2005 to 1.1 billion in 2010

Global and regional programme, 2008-2011

Effect of a deadly epidemic?

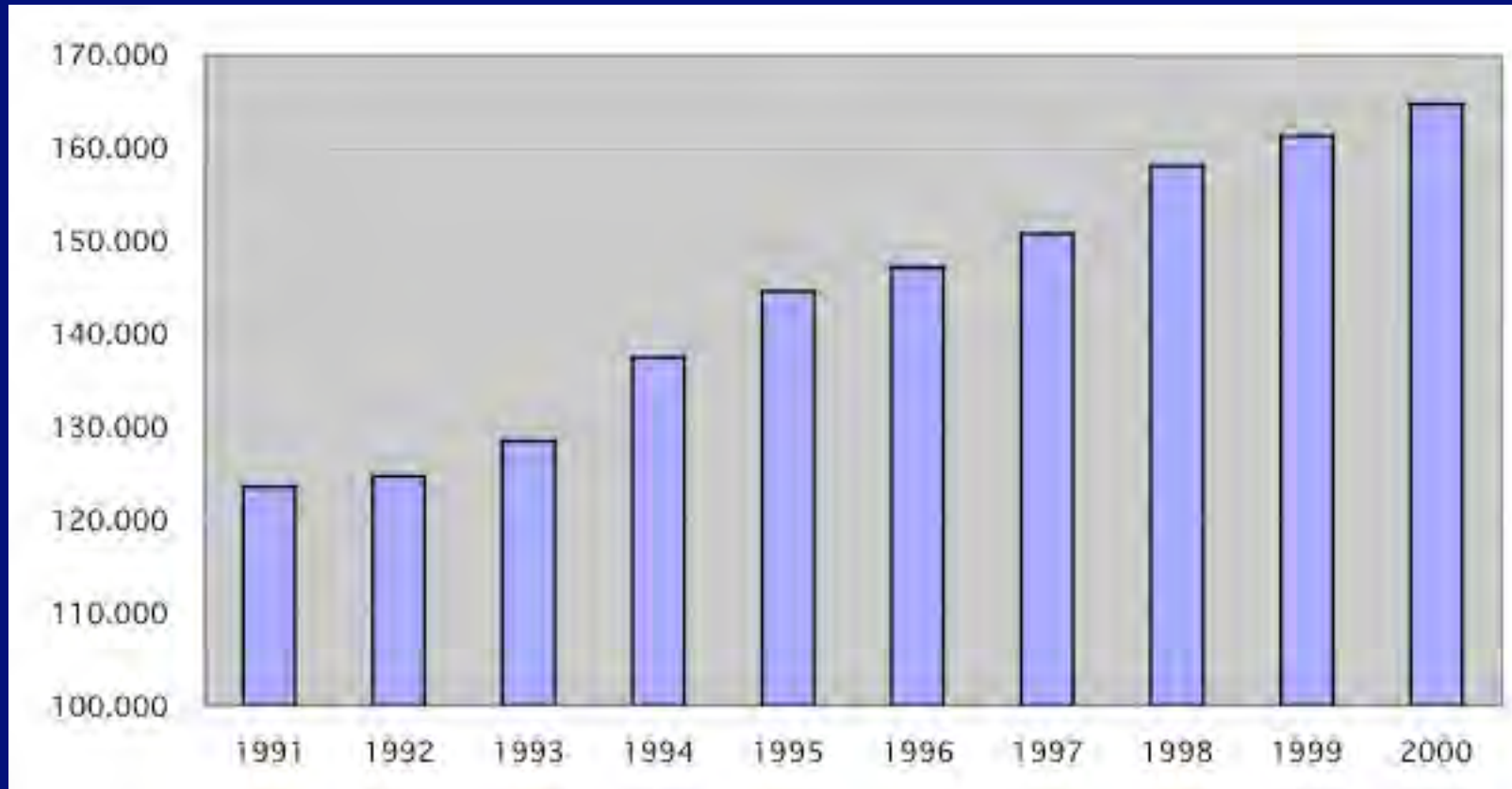
The economics of HIV in Africa

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Effect of a deadly epidemic?

GDP per capita in Uganda Shilling



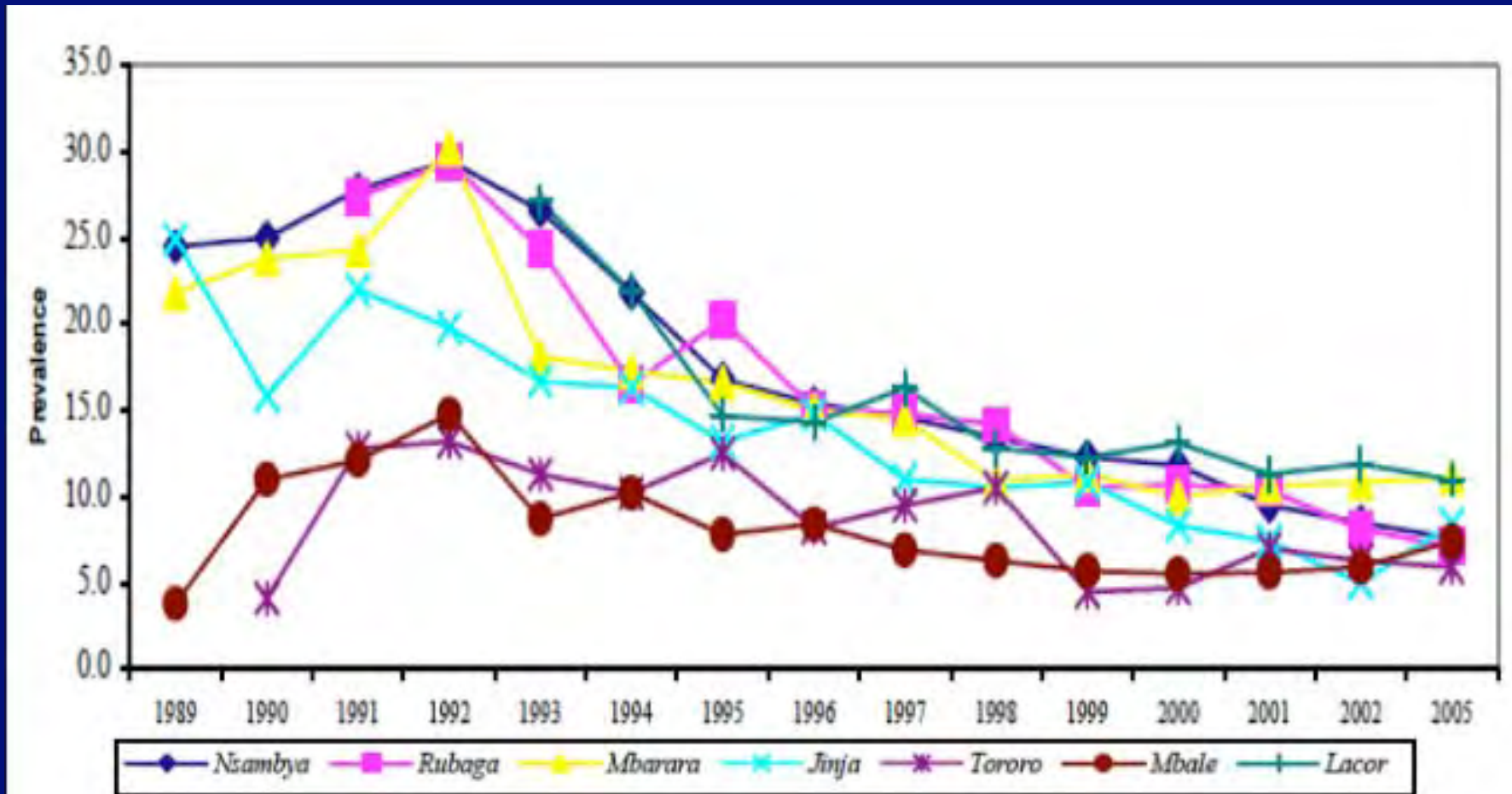
„Uganda has experienced solid economic growth of 6-7% per annum over the last decade“

SOURCE: Government of Uganda: Country progress report 2008
Uganda Bureau of Statistics, Entebbe, Uganda www.ubos.org

Update on Uganda , C. Fiala

HIV prevalence in Uganda

National HIV prevalence trends among antenatal clinic attendees



Update on Uganda , C. Fiala

Impact of the prevention campaigns?

“the number of new HIV infections in Uganda fell sharply until the mid 1990s. This was the result of behaviour changes such as increased abstinence and monogamy, a rise in the average age of first sex, a reduction in the average number of sexual partners and more frequent use of condoms.”

HIV and AIDS in Uganda, www.avert.org

Abstinence

Some CSOs are enlisting the youth and encouraging them to abstain from sex till marriage, and this is thought to be a good practice. The young people are followed up so as to maintain their commitment.

**However all indicators of sexual activity remained
stable over the last 30 years**

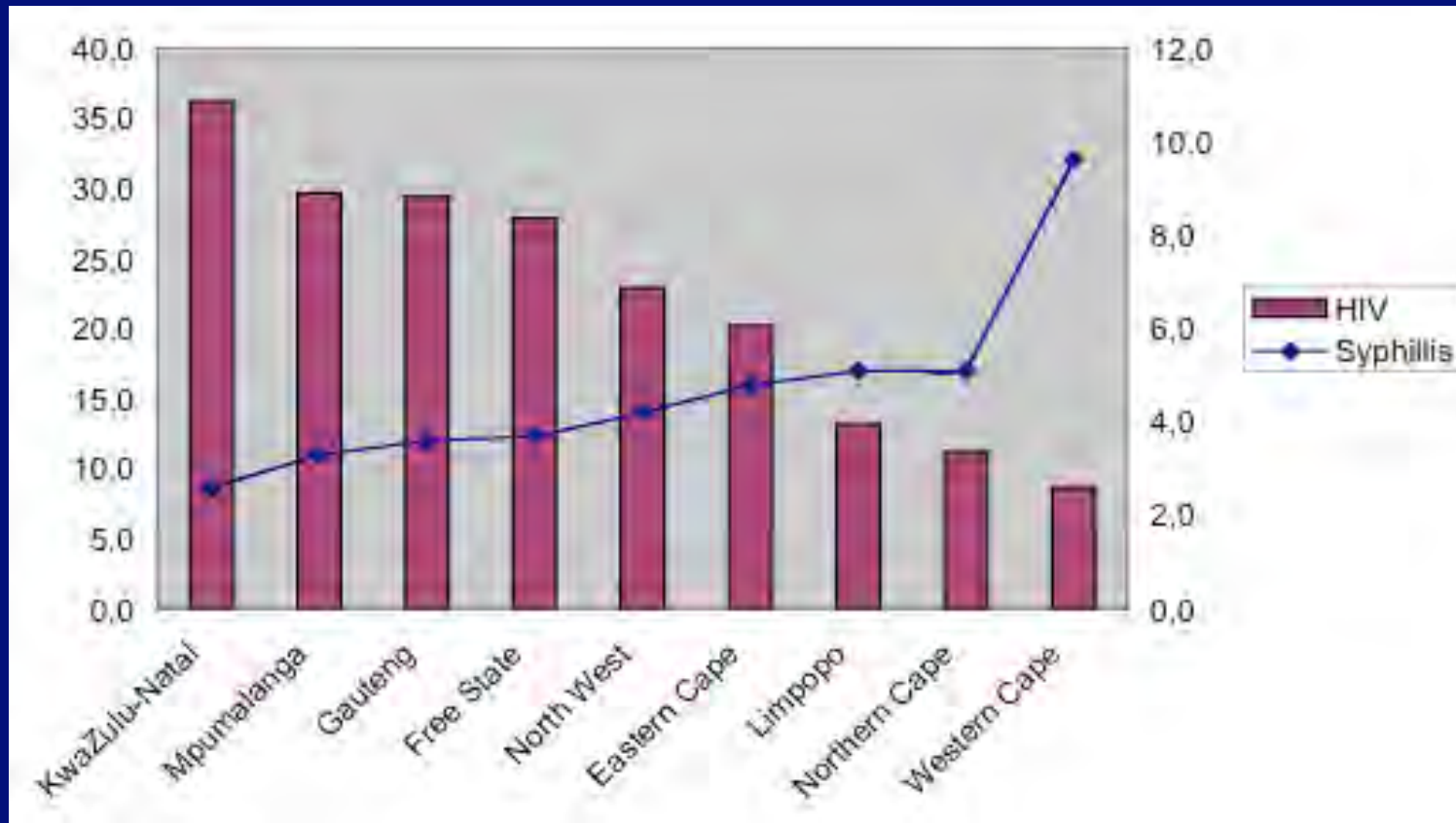
Impact of the prevention campaigns?

- “Median age at first intercourse for women is 16,7 years, no evidence of change over time.”
- “Median age at first marriage among women is just before 18 years and has been fairly stable for the past 30 years.”
- “Median age at first birth 18,5 years, no significant change for the past 30 years.”
- “Fertility has remained at the same level over time” TFR 6.9
- “under current school practice, pregnant girls have to terminate their education ...”
- Current contraceptive use in currently married women:
any method 22,8%; any modern method 18,2%; condom 1,9%

35% have unmet needs of contraception

HIV heterosexually transmitted?

In South Africa there is no correlation between HIV and STDs

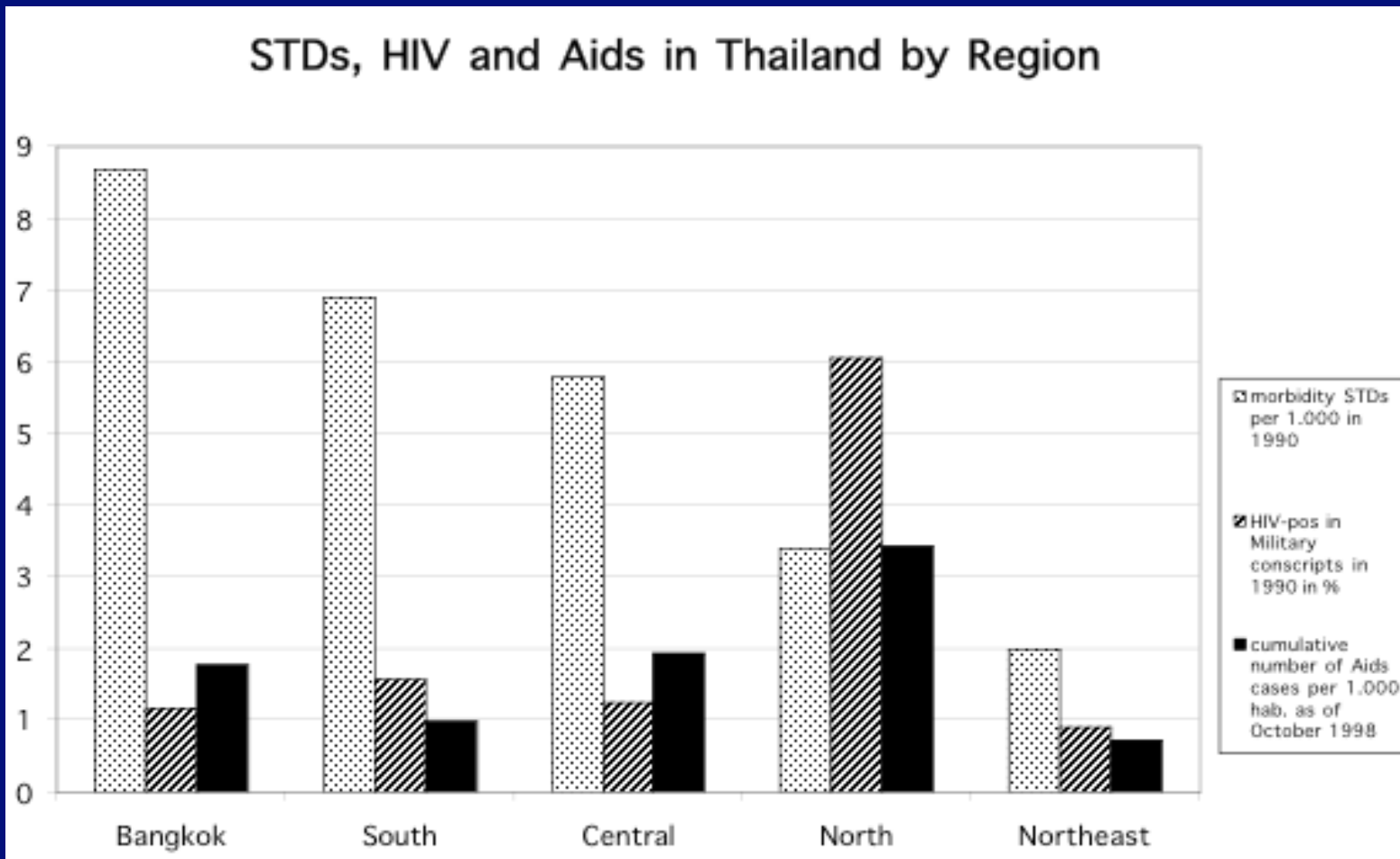


National HIV and Syphilis Sero-prevalence survey of women attending public antenatal clinics in South Africa - 2001, Ministry of Health, Pretoria, <http://196.36.153.56/doh/aids/syph-f.html>

Update on Uganda , C. Fiala

HIV heterosexually transmitted?

Thailand: There is no correlation between HIV/Aids and STDs



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HIV tests, what are they showing?

More than 67 Factors Known to Cause False-Positive HIV Antibody Test Results

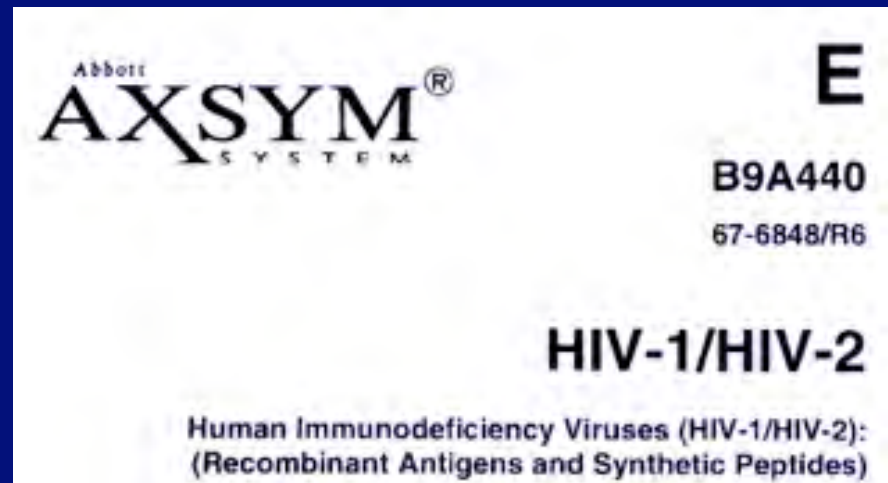
- * Naturally-occurring antibodies
- * Passive immunization: receipt of gamma globulin or immune globulin (as prophylaxis against infection which contains antibodies)
- * Leprosy
- * **Tuberculosis**
- * Herpes simplex I /II
- * **Upper respiratory tract infection (cold or flu)**
- * Recent viral infection or exposure to viral vaccines
- * **Pregnancy in multiparous women**
- **Malaria**
- * **Hypergammaglobulinemia (high levels of antibodies)**
- * Tetanus vaccination
- * Autoimmune diseases
- * Malignant neoplasms (cancers)
- * Alcoholic hepatitis/alcoholic liver disease
- * Hepatitis or Hepatitis B vaccination
- * **Blood transfusions, multiple blood transfusions**
- * Healthy individuals as a result of poorly-understood cross-reactions
- * Visceral leishmaniasis
- * Receptive anal sex

HIV tests, what are they showing?

SENSITIVITY AND SPECIFICITY

At present there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood.

Abbott Laboratories,
United States,
Information for the
ELISA test



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Would you buy a pregnancy test stating:

“At present there is no recognized standard for establishing the presence or absence of a pregnancy in humans”

SENSITIVITY AND SPECIFICITY

At present there is no recognized standard for establishing the presence or absence of antibodies to HIV-1 and HIV-2 in human blood.

HIV tests, what are they showing?

„The usual HIV tests (*Elisa* or *Western Blot*) are possibly not sufficient to diagnose infection with HIV in Central Africa.“

Kashala O. et al; Infection with HIV-1 and HTLV among leprosy patients and contacts: Correlation between HIV-1 cross-reactivity and antibodies to lipoarabinomannan, J Infect Dis , 1994; 169: 296-304

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HIV tests, what are they showing?

In Africa in most circumstances so-called 'Rapid tests' are used, like Capillus or Determine:

**“Sensitivity and Specificity were
calculated by comparing
Abbott Determine™ HIV-1/2 with
a commercially available test.”**

Product information of the “rapid test” Determine™:

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A Rethinking quote?

“Published data indicate a strong correlation between the acquired immunodeficiency syndrome (AIDS) and a retrovirus referred to as Human Immunodeficiency Virus (HIV).“

HIV tests, what are they showing?

“Published data indicate a strong correlation between the acquired immunodeficiency syndrome (AIDS) and a retrovirus referred to as Human Immunodeficiency Virus (HIV).“

Causation based on Correlation

Product information of:
Vironostika® HIV-1 Plus O Microelisa System
© BIOMÉRIEUX, June 2003

Aids in Africa, a new disease?

- 1985 Workshop on Aids in Central Africa, WHO; Bangui 22.-25. October 1985, Dokument WHO/CDS/AIDS/85.1, Geneva
- 1986 Provisional WHO clinical case definition for AIDS, WHO, Global programme on AIDS; Wkly-Epidemiol-Rec, no 10: 72-3
- 1991 Aids surveillance in Africa: a reappraisal of case definitions, De Cock et al; BMJ, 303: 1185-8
- 1992 A simplified surveillance case definition of AIDS derived from empirical clinical data, Weniger et al; J AIDS, 5: 1212-23

Or old diseases under a new name?

Aids started to spread with the publication of definitions

"Reports of AIDS cases from most of the industrialized countries of Europe, North America and Oceania are based primarily on the CDC/WHO definition; those from Africa are, in general, based on nationally adapted versions of the WHO clinical (Bangui) definition; and those from other countries involve a combination of these definitions."

Aids in Africa a new disease?

MINISTRY OF HEALTH/ACP
P.O.BOX 8, ENTEBBE
TEL: 20353, 20534

Rev.09/91

UGANDA MINISTRY OF HEALTH ADULT (12 years and above) AIDS REPORTING FORM

Instructions:

Please fill out this form for every patient diagnosed with AIDS at the initial time of diagnosis.
Diagnosis will be based on the Uganda WHO modified clinical case definition

MAJOR SIGNS

- WEIGHT LOSS AT LEAST 10%
- DIARRHOEA AT LEAST 1 MONTH
- FEVER AT LEAST 1 MONTH

MINOR SIGNS

- ORO-PHARYNGEAL CANDIASIS
- PRURITIC SKIN RASH
- HERPES ZOSTER
- GENERALISED LYMPHADENOPATHY
- COUGH AT LEAST 1 MONTH
(WITHOUT TB)
- CHRONIC ULCERATED HERPES
SIMPLEX
- TUBERCULOSIS
- OTHERS.....

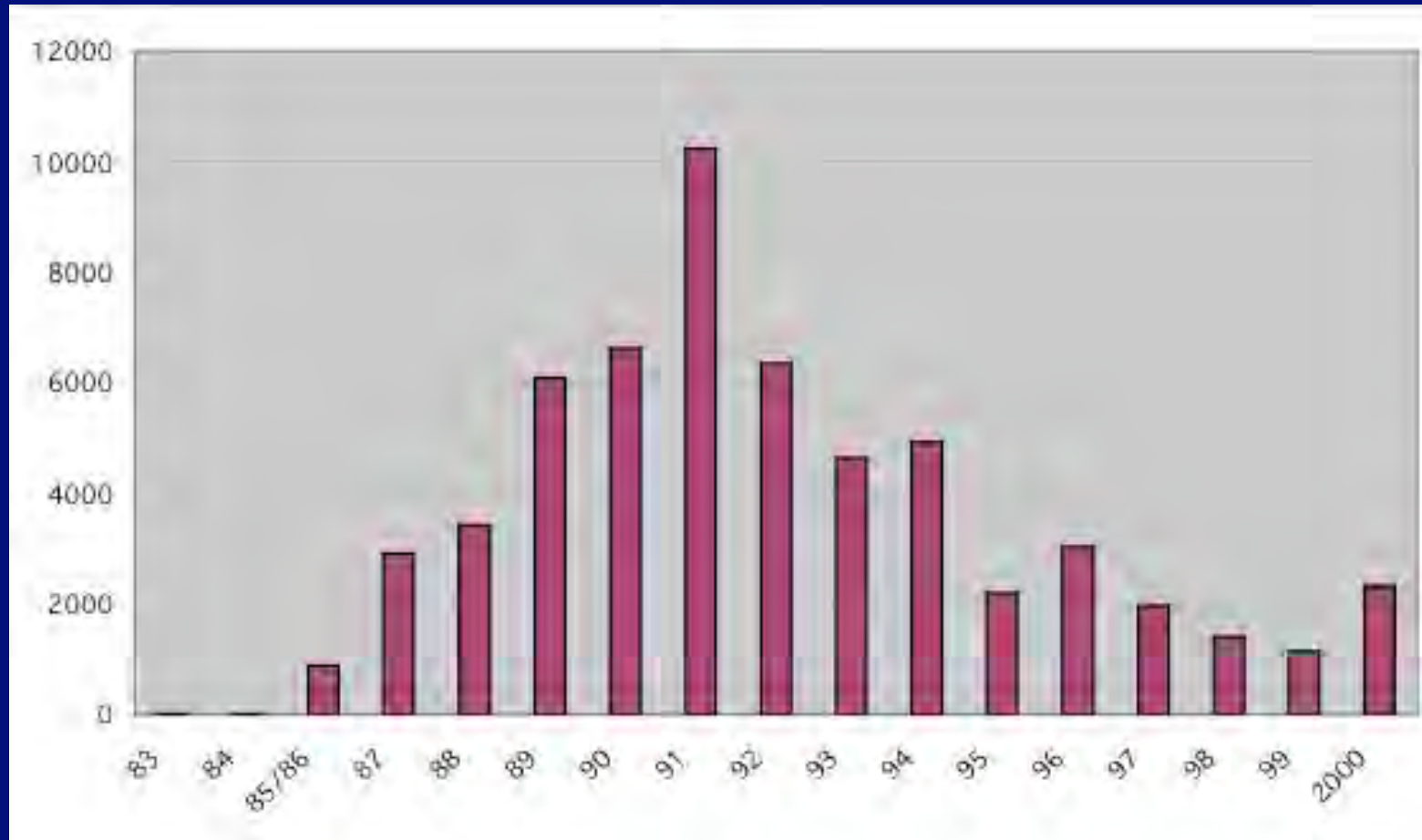
Aids a new disease?

**“Aids has no typical
clinical symptoms.”**

**« Le Sida, maladie sans symptômes
cliniques propres »**

Luc Montagnier, Des virus et des hommes, p 111

Reported Aids cases in Uganda



In 1994 more than 4.000 organisations engaged against Aids had been registered in Uganda

Are we facing a world-wide Aids epidemic?

”Although 1.320 cases (66,4%) would not strictly qualify to be called AIDS cases, we have taken them as cases assuming that those who reported them just made an omission at the stage of compiling the forms.”

p 6, Report No 3, 1990, National Aids control programme, Ministry of Tanzania

Are we facing a world-wide Aids epidemic?

Data from UNAIDS/WHO:

Cumulative case, in millions	reported	estimated, not reported	estimated total	% of the estimated cases of the total
Report of WHO				
July 1994	0.33	2.35	2.68	88%
January 1995	0.35	2.8	3.15	89%
July 1996	0.5	5.43	5.93	92%
November 1997	0.62	9.78	10.4	94%
New cases between July 96 and November 97	0.12	4.4	4.5	97%

* all cases since 1970/80, including patients who died

Recommendations from the West



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

HIV/AIDS in Africa: Socio-economic Impact and Response
Joint Conference of African Ministers of Finance & Ministers of
Economic Development and Planning
6-8 May 1999 – Addis Ababa, Ethiopia

Help to mobilize far more resources

- \$150 million reported going to AIDS prevention in Africa in 1997
- \$1 billion or more a year needed, a sixfold increase
- Devote more of domestic budgets to AIDS activities

Redirect existing project resources that could be supporting AIDS—billions of dollars programmed for:

- social funds
- education and health projects
- infrastructure
- rural development

Result of the hysteric media reports on Aids

Money spent in Thailand for HIV/Aids in million of US \$:

	total	donations	national budget	national budget in %
1988	0,68	0,50	0,18	27%
1989	4	3,87	0,44	10%
1990	6	4,11	2,63	39%
1991	10	2,81	7,22	72%
1992	29	4,11	25,2	86%
1993	52	8,39	44,3	84%
1994	58	12,36	45,63	78%
1995	73	11,87	62,09	84%
1996	89	7,90	81,96	91%



“The approximately 25 year old epidemic in Uganda was first discovered in the 1980’s on the shores of Lake Victoria in Rakai district.”

Drinking water supply in Kyotera



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Sad news?

Free retroviral drugs could save up to 1.7 million South Africans

Johannesburg Pat Sidley

BMJ helping doctors make better decisions

BMJ 2003;327:184 (26 July), doi:10.1136/bmj.327.7408.184-a

Estimating the Lost Benefits of Antiretroviral Drug Use in South Africa

Pride Chigwedere, MD,† George R. Seage III, ScD, MPH,‡§ Sofia Gruskin, JD, MIA,¶
Tun-Hou Lee, ScD,*† and M. Essex, DVM, PhD*†*

„More than 330,000 lives ... were lost because a feasible and timely ARV treatment program was not implemented in South Africa.“

An estimate based on ‚modelling‘.

J Acquir Immune Defic Syndr, 2008

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Sad news may be not so sad



Contents lists available at ScienceDirect

Medical Hypotheses

journal homepage: www.elsevier.com/locate/mehy



HIV-AIDS hypothesis out of touch with South African AIDS – A new perspective
Peter H. Duesberg^{a,*}, Joshua M. Nicholson^a, David Rasnick^b, Christian Fiala^c, Henry H. Bauer^d

Analysing official health and demographic statistics:

„We conclude that the claims that HIV has caused
huge losses of African lives are unconfirmed“

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Reaction to a scientific analysis of available public data

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WITHDRAWN: HIV-AIDS hypothesis out of touch with South African AIDS - A new perspective

„we have received serious expressions of concern about the quality of this article, which contains highly controversial opinions about the causes of AIDS, opinions that could potentially be damaging to global public health.

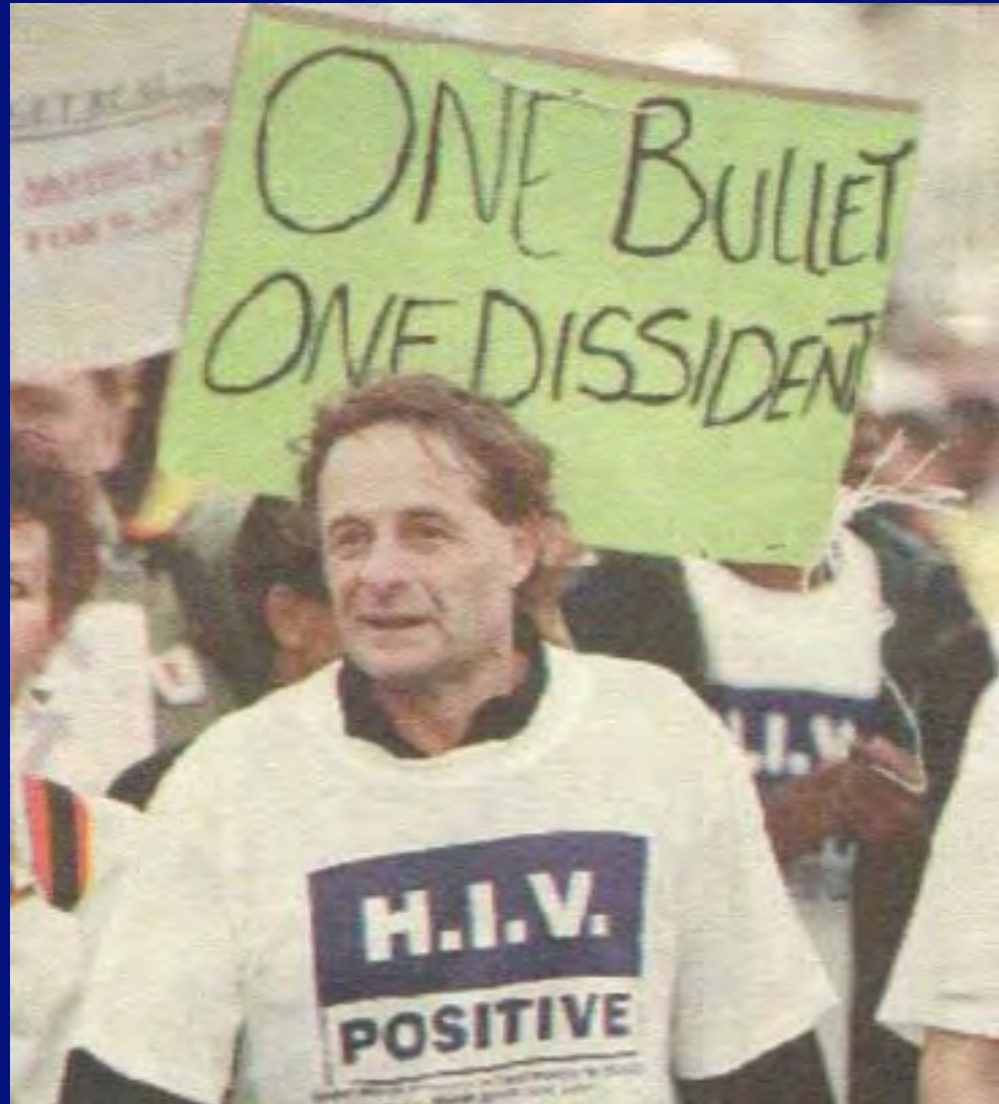
Concern has also been expressed that the article contains potentially libelous material.“

Reactions to a scientific debate in HIV/Aids

"Angry HIV-positive people
march through Durban to
protest against scientists
who question whether Aids is
caused by HIV"

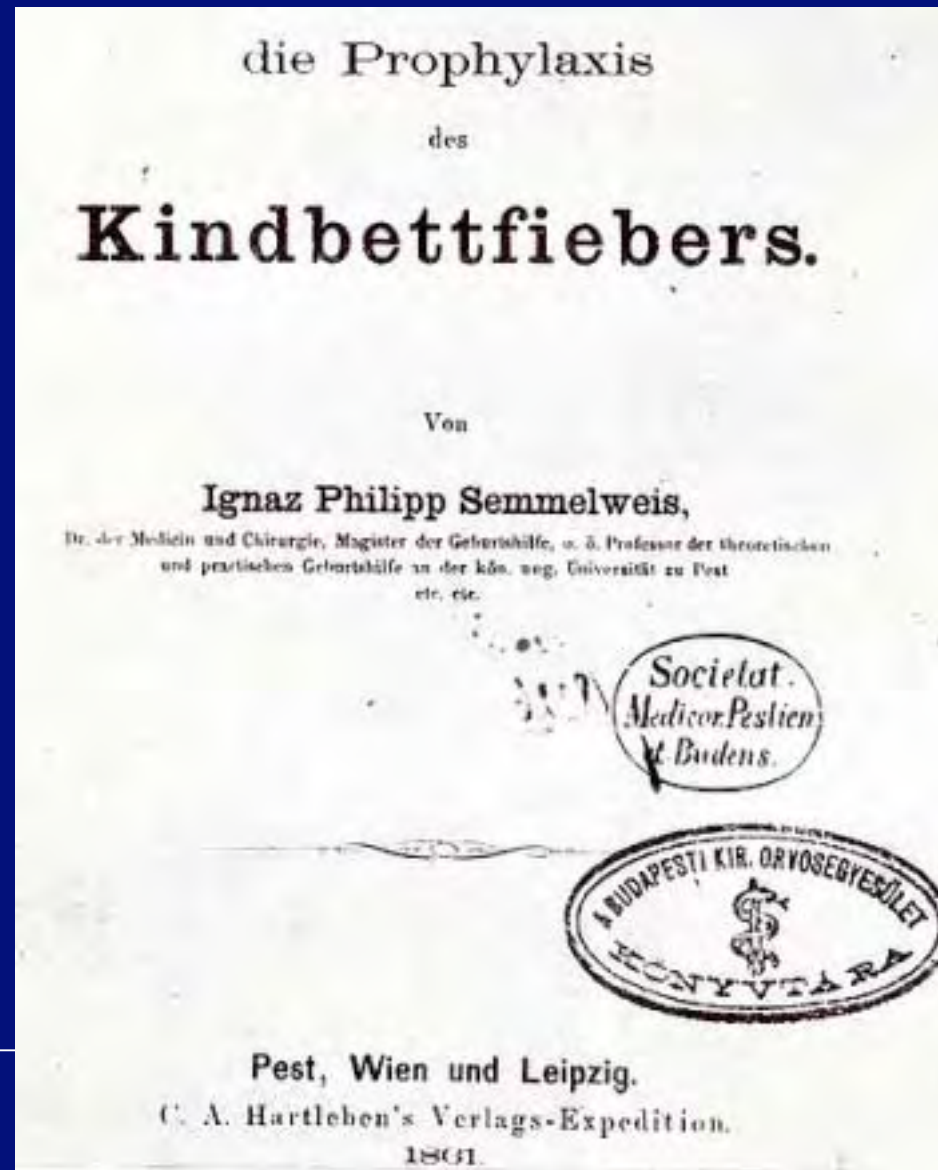
Mail & Guardian,, South Africa
July 14 to 20. Vol 16, No 28, page 8

Head of Doctors
without Borders (MSF)
South Africa and
former head of
MSF Belgium



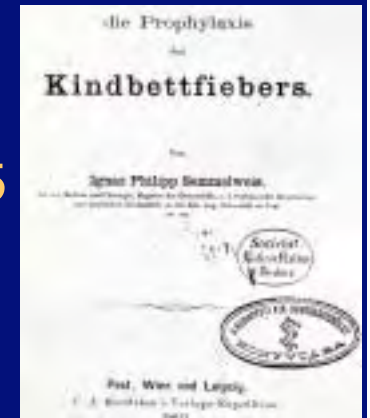
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**Science by majority vote:
the case of Ignaz Semmelweis 1818 – 1865**



Science by majority vote: the case of Ignaz Semmelweis 1818 – 1865

- Discovered by 1847 that the incidence of puerperal fever (*childbed fever*) could be drastically cut by use of hand washing prior to vaginal examination.
- Semmelweis' observations conflicted with the established scientific and medical opinions of the time.
- Doctors were offended at the suggestion that they should wash their hands; they felt that their social status as gentlemen was inconsistent with the idea that their hands could be unclean.
- As a result, his ideas were rejected by the medical community and he was forced to leave the university hospital and even the city of Vienna.



Africa does not need



Blantyre, Malawi, 2002

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Africa does not need

- New names for old diseases
- Exaggerated estimates of new diseases
- Expensive tests without therapeutic consequence
- More of “Western” morals, double standards and discussions of “Western phantasms” about African sexuality
- Campaigns to increase the profit of Western companies, governmental and non-governmental agencies, whether for tobacco or for HIV

Where are the health problems of Africa?

- **Malaria** - the worst of the vector-borne diseases - still strikes up to 500 million people a year, killing at least two million
- **Acute lower respiratory infections** kill almost four million children every year
- **Tuberculosis**, similarly spread from person to person, **kills three million people annually**
- **Diarrhoeal** diseases, mainly spread by contaminated water or food, kill nearly three million young children every year

The World Health Report 1996, Fighting disease, fostering development

Update on Uganda , C. Fiala

Where are the health problems in Uganda?

Results of an analysis of 186,131 inpatients admitted to six Ugandan hospitals during 1992-1998

- “In all hospitals, malaria was the leading cause of admission and the frequency of admissions for malaria showed the greatest increase.
- Other conditions, such as malnutrition and injuries, mainly increased in the sites affected by civil conflict and massive population displacement.
- Tuberculosis accounted for the highest burden on hospital services (approximately one-fourth of the total bed-days), though it showed a stable trend over time.
- A stable trend was also observed for acquired immunodeficiency syndrome (AIDS), which is in contrast to the hypothesis that AIDS patients have displaced other patients in recent years. “

Where are the health problems in Uganda?

“In conclusion:

preventable and/or treatable communicable diseases, mainly those related to poverty and poor hygiene, represent the leading causes of admission and death, reflecting the socio-economic disruption in Northern Uganda.”

Maternal mortality ratios (global estimates 1990)

Only 13 percent of all the world's abortions occur in Africa, more than half of all abortion-related deaths take place there.



Update on Uganda , C. Fiala

Africa needs

Fighting Poverty:

- **Clean drinking water and sanitation**
- **Sufficient food**
- **Good housing**
- **Effective contraception and unrestricted access to legal abortion**
- **Increased education**

**„Most people die from Malaria.
So give us free mosquito nets
instead of condoms and Aids
medicaments.”**

Letter to the “New Vision”, Kampala