

There are no translations available.

This global conference, major trade show serving the interests of pharmaceutical lobbies, brought together 18,000 participants and more than 2,000 oral and poster presentations of very disparate interests. Unfortunately from clinical research (18% of presentations) fell since the last conference in favor of prevention, epidemiology, social, legal and human rights.

The congress recalled the commitment to reach the goal 90-90-90 (90% of those diagnosed, 90% of diagnosed treated, 90% with undetectable viral load) .Today 17million diagnosed (less than 50 %), 46% and 38% treated undetectable.

The funding needed to reach the **goal 90-90-90** peak at more than \$ 19 billion next year, but then drop to 18 billion in 2020.

For prevention, **PrEP** remains highly recommended for those most at risk, while the insignificant cost and no toxicity of condom is not subject to any effective campaign.

Circumcision was the subject of numerous presentations while one study shows that male circumcision does not protect the contamination of the woman (THPEC215)

One study (THPEB063), delayed for six years by the ANRS, based on the results published by Prof. J Leibowitch compares **treatment 7days over 7** to a **4-day treatment over 7** with 2 nucleosides plus a protease inhibitor / ritonavir or INNRTI. Over a period of 48 weeks the two arms of the trial lead to 96% to an undetectable viral load. The delay in the implementation of this trial is wrong and shows the dysfunction and lack of reactivity of the ANRS that by this delay has led an unnecessary cost to our health care system and compounded the adverse effects of triple therapy to patients. Note finally that a study presented at CROI (C.94) in 2015 showed that treatment 2 days over 7 was just as effective. With the possibility of drastic health savings with this protocol, it would be possible to finance without extra effort the goal 90-90-90!

The recommendations of the WHO still at the orders of lobbies, remain to treat all HIV-positive immediately upon testing , whatever his HIV status, regardless of CD4 count (THPEB057) and integrate PrEP in preventing.

Very few presentations without major interest, concern complementary and traditional medicine treatments (one would like to know the level of censorship of works submitted in this area!)

A presentation on **micronutrient supplementation** and **antioxidants** interest is in step with the reality of patients. Indeed while the seropositivity is accompanied by obvious deficits (beta-carotene, B, C, E vitamins and Selenium, Copper, Zinc, anti-oxidants), study (THPEB081) compares a group with a supplementation adjusting to the daily dose recommended and strongly supplemented group. The authors observed no difference, which does not imply that supplementation is irrelevant.

Other findings on the benefits of physical activity (THPEB080) bring nothing compared to published studies over 10 years

In **herbal medicine**, two studies:

- One on the Moringa oleifera leaf (THPEB078) shows combined with antivirals, a subclinical effect with weight gain

-One on Naringin (WEPEB095) .This natural substance allows to reverse the dysfunction of beta-pancreatic cells associated with protease inhibitors.

A breakthrough in the diagnosis is made by the **self-test**. Thus a study of gay and bisexual (fRAC0102) shows that the self-test can double the rate of people diagnosed

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The **cure of HIV** appears to be a priority for research, but it continues to explore ways in deadlock (a drug to awaken the latent reservoirs of cells infected with HIV, a drug to prevent the spread of HIV, and a third drug to prevent HIV from infecting new cells when stimulated latent reservoirs).

Dr. Anthony Fauci, director of the US National Institutes of Allergy and Infectious Diseases, has even ventured to say that research on HIV cure was at about the same stage that the anti-HIV treatment in 1990 .

It is amazing that the work of **Dr. Prakash** (C.92 on this site) who cured dozens of patients, with more than 6 years without treatment for the first patient treated, are neither considered nor checked and the abstract he has submitted to this conference has been denied!

Regarding prophylactic or therapeutic vaccines no significant progress has emerged from this conference , while the author of a promising therapeutic vaccine was not even invited to this conference. We must indeed remind the **therapeutic vaccine developed by E.P.Loret** (C.104 on this site), vaccine ignored in this conference and denigrated in the press without any qualms and scientific argument by Prof. J.F Delfraissy, Director of ANRS. It reproaches the authors of this patent not having published in major scientific journals such as Nature, NEJ Medicine, or Science which is pitiful. Discovery is to assess the content of the article of the journal where it is published (

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.) and not by the reputation of the journal !!

http://www.aids2016.org/Portals/0/File/AIDS2016_Abstracts_LOW.pdf?ver=2016-08-10-154247-087