

## STATEMENT ON THE GAMBIAN GOVERNMENT'S UNPROVEN CLAIM OF A CURE FOR AIDS

**24 April 2007 (Geneva, Switzerland)** –As the world's leading association of HIV professionals, the International AIDS Society's (IAS) more than 10,000 members are working at all levels of the global response to HIV/AIDS. Our members represent scientists, clinicians, and public health and community leaders on the frontlines of the epidemic in 171 countries worldwide.

As the principal convener of the International AIDS Conference and the upcoming HIV Pathogenesis, Treatment and Prevention Conference, the IAS is firmly committed to an evidence-based response to the epidemic, based on sound science. It is therefore with great concern that we note recent developments related to HIV treatment in the Gambia.

This concern is echoed by the Society for AIDS in Africa (SAA), an independent association of HIV professionals in Africa, and the custodian of the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), the biannual regional AIDS conference in Africa.

Earlier this year, Gambian President Yahya Jammeh announced that he had found a cure for AIDS. He began treating HIV-positive patients with a herbal treatment at the Presidential Palace, with the support of the Department of State for Health and Social Welfare. The initial ten patients, who were responding very well to antiretrovirals (ARVs), were required to stop ARVs in order to receive the herbal treatment. Blood samples from the patients were sent to Professor Souleymane Mboup of the University of Dakar, Senegal, who is the former Regional Representative for Africa on the IAS Governing Council, a member of the Executive Committee of the Society for AIDS in Africa, and the Chair of the next ICASA, to be held in December 2008. A [public statement](#) issued by the Office of the Gambian President on 12 February 2007 indicates that tests conducted by Professor Mboup showed undetectable levels of HIV in the samples submitted to him.

In response, Professor Mboup has issued the following statement:

"The interpretation by the Gambian authorities of the results of HIV antibody and viral load testing on blood samples sent to my laboratory is incorrect. Firstly, the results were obtained under false pretenses, when a technician approached us asking for training on our equipment because he had problems operating the equipment in his laboratory. We agreed, and in this process, he asked us to test some anonymous samples, which we later learned were from patients who had received President Yammeh's treatment. Of those samples that were HIV-positive (66.66%), none could be described as cured. Viral load was detectable in most cases. In some samples viral load measures were below the level detectable by the tests. This is not surprising, since these patients had been treated with ARVs prior to the administration of the herbal treatment. Effective antiretroviral therapy can reduce HIV viral load to below levels of detection. In addition, some of the patients were infected with HIV-2, and it is well known that these patients would have lower viral loads compared to HIV-1 patients. However, extensive research over many years has shown that, even in patients whose HIV viral load is undetectable by standard testing measures, with further specific DNA and RNA testing, HIV can be found in the tissues of all patients.

"There is no known cure for AIDS. Under no circumstances may the tests conducted in my laboratory be used as proof of an alleged cure for HIV. For the results to be

used in this way, tests must be conducted before, during and after treatment. International rules regulate the conducting of trials in order to prove therapeutic efficacy.”

IAS President Dr. Pedro Cahn, President of Fundación Huesped in Argentina, added:  
“Pharmaceutical and traditional medicines have benefited many people with various medical conditions across the world. All products that show promise in the treatment or eradication of HIV should be rigorously studied. The Gambian government has characterized criticism of its herbal treatment as “anti-African”. This is not at all the case. The IAS believes that all reasonable approaches should be scientifically evaluated, including the current Gambian treatment being billed as a “cure”. It is premature and unethical to label this product a cure if it has not been thoroughly tested and proven. Furthermore, to take patients off potent combination antiretroviral therapy, which has saved millions of lives since its introduction in 1996, is shocking and irresponsible.”

The IAS urges its worldwide membership to hold their governments to account for unproven claims of AIDS cures. We advise health care workers and policy makers throughout the world to continue to implement ARV treatment programmes for all who need them, and to clarify the proven dangers of stopping ARVs, including the risk of disease progression and the development of drug resistance.

In closing, SAA President Dr. Femi Soyinka emphasized the continued need to work towards universal access to HIV treatment:

“WHO, UNAIDS and UNICEF last week released a [report](#) that noted that two million people in low- and middle-income countries were on ARV treatment as of December 2006. This represents a dramatic fifty-four percent (54%) increase from the 1.3 million that were on treatment a year ago, but is still far short of the estimated 7.1 million who are in need of treatment throughout the world. The world must continue to advance HIV prevention and treatment to all those who need it.”

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