

# NEWSLETTER

International  
AIDS Society  
Stronger Together

The International AIDS Society (IAS) is a global membership organization of professionals committed to the fight against HIV/AIDS. The IAS Newsletter is a tool for the organization's diverse members to find out more about past, ongoing and future activities at the IAS and to learn how to become involved. For more information about the IAS, to search for and contact other members, or to find breaking news in HIV/AIDS prevention, care and treatment, and updates on upcoming IAS conferences, please visit the website at [www.iasociety.org](http://www.iasociety.org)



The Support Nozizwe Protest took place in Cape Town, South Africa on 29 August 2007. Protestors demanded the South African government implement the HIV/AIDS and Sexually Transmitted Infections National Strategic Plan for 2007-2011.

Photo: Faizel Slamang

## AIDS in South Africa

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## Message from the President

**IT HAS LONG** been a truism in discussions about the response to AIDS that much of our success will hinge on political leadership. Without the will of elected leaders to implement proven prevention, care and treatment interventions, we are destined to fail in our efforts to curb this epidemic.

**AND YET, EVEN** after 25 years, far too many political leaders still privilege ideology – or political expediency – over evidence. In Africa, Heads of State and Government agreed in the 2001 Abuja Declaration to increase the percentage of their budgets devoted to health to 15 per cent. Six years later, only two of the 47 countries in Africa have lived up to this commitment. In South Africa, the country with the highest HIV prevalence in the world, the Health Minister has hampered ARV rollout by advancing denialist theories about the cause of AIDS and promoting garlic, lemon juice and African beetroot as effective treatments for HIV. In Eastern Europe and Central Asia, the Russian Federation and other countries steadfastly refuse to provide opiate substitution therapy to injecting drug users despite the mountain of evidence indicating that this is effective at reducing HIV infection and other co-morbidities. Legislation in much of India and Africa, which criminalizes homosexual acts, make identifying and responding to the epidemic in this highly stigmatized population extraordinarily difficult. The response to HIV among sex workers in most countries of the world is primarily driven by the criminal justice system rather than a public health approach

to prevent the spread of HIV and other sexually transmitted infections. Personal morality articulated in public policy is also evident in the President's Emergency Plan For AIDS Relief, which continues to focus on the "abstinence, be faithful, and condom use" approach in its prevention funding envelope, when research indicates that a more comprehensive approach to HIV prevention services is most effective.

**POLITICAL LEADERS OF** all stripes must understand the devastating human cost of ignoring the hard-won evidence we have amassed over our 25 years of living and working with HIV. As an organization which has placed promoting an evidence-based response to HIV/AIDS at the very core of its work, the IAS will continue to call out for the political will required to end this epidemic. ■

Pedro Cahn  
IAS President



## Message from the Executive Director

**THE POWER AND** influence of the IAS is derived from the skills, expertise, passion and commitment of our 11,000 members – indi-

viduals working professionally across the response to HIV. On behalf of all of you, the IAS convenes the world's largest scientific and multi-disciplinary AIDS conferences, organizes educational events, and conducts policy analysis and advocacy towards addressing gaps in the response. The focus on helping our members do what they do best is what makes the IAS unique.

**IN THE PAST** two months, many of you will have received a series of notices explaining that your membership is expiring. Please take the time to go online and renew your membership. In the early months of 2008, the IAS will solicit nominations for its Governing Council elections. In order to be nominated to serve on the Governing Council, or to vote in the elections, you must be a paid-up member.

**MUCH HAS CHANGED** at the IAS since our relocation to Geneva in late 2004. We have built up a lean, strong team of women and men from around the world at the secretariat. Our services to members have increased and our conferences have become more focused to intensify our impact on

the epidemic. We have strengthened our partnerships with other networks and scientific, public health and community-based organizations involved in the fight against HIV, both at the global and regional levels. But we still have a long way to go. More than half of the people in need of treatment today do not have access. HIV prevalence continues to increase. Human rights abuses against the communities most at risk of HIV infection and people who are living with HIV continue to prevent an effective response to the greatest health challenge the world has ever faced. There is a greater need than ever for all of us to collaborate.

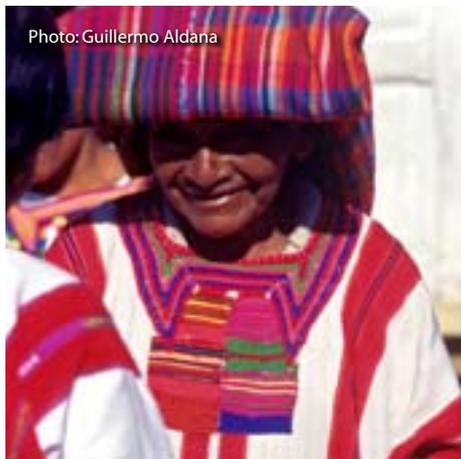
**RENEW YOUR IAS** membership today. We are Stronger Together. ■

Craig McClure  
IAS Executive Director



XVII INTERNATIONAL  
AIDS CONFERENCE  
3-8 August 2008 | Mexico City  
Universal Action Now

From 1 November, visit [www.aids2008.org](http://www.aids2008.org) to:  
Submit an abstract | Apply for satellites and affiliated events | Book exhibition space  
Online registration and accommodation and tours booking will open in December



## Envisioning Success: AIDS 2008 Planning Accelerates

As the first International AIDS Conference to be held in Latin America, AIDS 2008 is instilling high hopes and expectations among conference organizers. And, with just ten months of planning to go, a sense of excitement and anticipation is already in the air.

**FOR THE AIDS 2008** Conference Coordinating Committee (CCC), the definition of success is clear; AIDS 2008 will promote scientific excellence and inquiry, encourage individual and collective action and dialogue, and foster accountability. This overarching vision has in turn inspired each of the AIDS 2008 programme planning committees to consider what success will mean to them. Lists of all AIDS 2008 planning committee members are available on the website at [www.aids2008.org](http://www.aids2008.org).

### Scientific Programme Vision

The vision of the AIDS 2008 Scientific Programme Committee (SPC) is to provide new, research-based evidence, and to synthesize already available evidence, to inform and guide the global response to AIDS. The five scientific tracks will focus on the following goals:

- Accelerate the scale-up of HIV prevention and treatment services;
- Integrate the AIDS response into existing systems and health programmes; and
- Ensure the long-term sustainability of the response.

**TO ACCOMPLISH THESE** goals, the scientific programme will foster multidisciplinary reflection among researchers, practitioners and activists, and will address six cross-cutting themes of interest to a range of disciplines:

- Globalization, global inequalities and HIV/AIDS;
- Science and technology;
- Health systems strengthening and integration;
- Stigma, discrimination and social justice;
- Evidence-informed policies and programmes; and
- Tracking progress and accountability.

**THE SPC'S VISION** will guide the development of both abstract and non-abstract driven sessions in the scientific programme. The SPC is co-chaired by Mario Bronfman (México), José Maria Gatell (Spain) and Marie Laga (Belgium).

### Community Programme Vision

Building on the history of community involvement in the International AIDS Conference, the AIDS 2008 community programme Committee (CPC) views AIDS 2008 as an opportunity to reach and involve diverse communities affected by HIV, and to provide opportunities for widespread representation and dialogue. The CPC envisions AIDS 2008 as a catalyst for communities most affected by HIV, helping them regain a sense of urgency and momentum in their activism in order to reclaim ownership of the agenda. It must also leave a lasting legacy in the region by empowering local communities and promoting meaningful community involvement at the local and regional levels.

**THE COMMUNITY PROGRAMME** will include a focus on human rights, social justice and economic inequality, and will serve as a platform for the re-establishment and reinforcement of linkages among communities and the most marginalized. It will be an opportunity to examine new challenges threatening communities, and to underscore the importance of evidence-based science and practice. Finally, as an underlying principle, the AIDS 2008 community programme will demand accountability and action from all stakeholders. The AIDS 2008 CPC is co-chaired by Beatrice Were (Uganda), Philippa Lawson (USA) and Juan Jacobo Hernandez (México).

### Leadership Programme Vision

The vision of the AIDS 2008 leadership programme is to provide a platform for leaders from all walks of life to engage in dialogue and debate that will identify solutions to the challenges faced in addressing the AIDS epidemic. The leadership programme Committee (LPC) defines leadership broadly to include high-profile and elected officials, as well as community activists working at the grassroots level.

**THE LPC INTENDS** for the leadership programme to move away from rhetoric and a simple re-statement of the problems,

towards action and an articulation of solutions. To this end, the programme will insist that discussions be based on evidence, not ideology, and that leaders who are invited to address the conference come prepared to discuss and debate real issues in interactive sessions designed to engage delegates. The AIDS 2008 leadership programme will emphasize accountability, and will be developed under the backdrop of the Millennium Development Goals, the call for universal access to treatment, prevention and care, and other regional and national goals. The LPC is co-chaired by Stephen Lewis (Canada), Javier Hourcade Bellocq (Argentina) and Ana Luisa Liguori (México). ■

## Stay Informed, Get Involved!

**VISIT THE AIDS 2008** website at [www.aids2008.org](http://www.aids2008.org) to sign up to receive monthly e-updates from AIDS 2008 organizers. Beginning in November, the website will provide new information on how to submit programme ideas, apply for a scholarship and volunteer. Get involved, and help make our AIDS 2008 vision a reality! ■

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## Letters to the Editor

Letters should be emailed to [editor@iasociety.org](mailto:editor@iasociety.org), and should be a maximum of 250 words in length (we reserve the right to edit letters for publication). Unless otherwise specified, letters selected for publication will include your full name and country of residence. If you wish to remain anonymous, kindly state this clearly at the bottom of your letter. ■



A paediatrics ward at the Chris Hani Baragwanath Hospital in Soweto, South Africa. Baragwanath Hospital is one of the largest hospitals in the world. Photo: 2005 Sangini Shah, Courtesy of Photoshare

## AIDS in South Africa

South Africa's approach to HIV drew severe criticism from international opinion leaders at the XVI International AIDS Conference (AIDS 2006) in Toronto last year, where Health Minister, Manto Tshabalala-Msimang opted to exhibit beetroot, garlic and lemon juice as a treatment solution for HIV. Since then, the country has seen a number of highs and lows in its response to the epidemic. The IAS spoke with Hoosen Coovadia<sup>1</sup> and Ashraf Grimwood<sup>2</sup> – two South Africans at the forefront of the epidemic – to discuss recent events, and to forecast the future.

### IAS: What is working well in South Africa?

**COOVADIA: DESPITE THE** absence of strong leadership from the President and the Health Minister, Manto Tshabalala-Msimang, there has been gratifying progress. This includes the involvement of the NGO and academic sector in the national body dedicated to policies on HIV/AIDS – the South African National AIDS Council (SANAC). That leadership is shared between the Deputy President, Phumzile Mlambo-Ngcuka, and Mark Heywood of the AIDS Law Project.

**SANAC HAS SET** in place many serious steps for implementation and a commendable National Plan on AIDS for the country. In addition, programmes are moving forward on treatment and some advances on prevention have been made.

**THE BRIEF "HONEYMOON"** when the Deputy Minister of Health, Nozizwe Madlala-Routledge, was in charge – while Tshabalala-Msimang was ill – is now over. However, much was done by Madlala-Routledge to re-establish links with researchers and civil society; and as a result she became the "darling" of the AIDS community in the country.

**GRIMWOOD: THE CRITICAL** factor over the last year has been strengthening SANAC. Both individuals at its helm are passionate and driven to achieve the goals of the newly launched National Strategic Plan (NSP). The NSP aims to reduce new transmissions of HIV by 50 per cent, including ensuring that 80 per cent of people who need therapy receive it by 2011 (including people with a CD4 count under 200 or who present with stage 4 clinical disease according to the World Health Organization guidelines). The process of developing the NSP has been a critical factor in galvanizing civil society involvement with government; and one can truly say that the country is united behind this plan. SANAC appears to be functioning well and, with its new structure and leadership, I hope that critical progress will be made in overcoming the large treatment gap and improving the abysmal rates achieved to date by the national prevention of mother to child transmission (PMTCT) programme.

**SOUTH AFRICA HAS** the largest ARV treatment programme in the world, which appears to be running well. Where there is NGO support, the numbers remaining in care, lost to follow up or who die are in keeping with similar programmes in more developed countries.

### IAS: What are the main challenges you face in providing HIV treatment?

**GRIMWOOD: ABSOLUTE RETURN** for Kids (ARK) currently supports 67 treatment facilities and has, over the last four years, assisted government in getting over 30,000 people onto treatment, and reports 83 per cent remaining in care after two years in care. The government health service has over 260,000 people on treatment, although the need is about three times this number, and about 1.8 million people will need ARVs by 2011. How does a country get over a million people on therapy in four years with the human resources, infrastructure and capacity constraints facing it at present?

**A CURRENT CHALLENGE** facing ARK's support of the government's ARV programme is human resources required to increase care, as well as training, infrastructure and data systems required to measure adherence and treatment outcomes. To address these needs we need a streamlined system that increases accreditation for community health centres and clinics to initiate treatment.

**WE ARE NOT** achieving the treatment needs of children, who make up less than 10 per cent of those on treatment, and there is a concerted effort to have the PMTCT programme integrated into other programmes.

**CARE, TREATMENT AND** support of health care staff must be creatively addressed because we are losing up to 10 per cent of staff through AIDS-related complications in some facilities.

**COOVADIA: SCALE-UP OF** prevention and treatment remains a challenge. We need more emphasis on prevention interventions. People appear to be obsessed with treatment, which is not surprising given the prominent battles for ARVs in this country since the XIII International AIDS Conference in Durban and the activism of the Treatment Action Campaign.

<sup>1</sup> Victor Daitz Professor of HIV/AIDS Research and Scientific Director at the Doris Duke Medical Research Institute at the University of KwaZulu-Natal in Durban, South Africa; IAS Governing Council Member for Africa.

<sup>2</sup> Executive Director of Absolute Return for Kids (ARK) South Africa, based in Cape Town



A doctor examines a dehydrated infant at a hospital in Durban, South Africa.

Photo: 2005 Marilyn Keegan/COHSASA, Courtesy of Photoshare

**CURRENT PROGRAMMES ARE** often not based on strict scientific evidence and all opinions are treated as equal, which is not how medicine works.

**STIGMA, DISCRIMINATION, SHAME**, harassment and victimization in communities are still evident, and must be overcome. Violence is a horrendous influence in society, and contributes greatly to the spread of AIDS. Indeed, the three main causes of disability and/or death are AIDS, interpersonal violence and trauma. A change in behaviour to prevent the spread of HIV and counteract stigma and violence is vital.

**THE CORPORATE SECTOR**, except for a few notable examples, is not really doing enough to contribute to combating HIV. And finally, open political commitment from the very top is needed.

### **IAS: How is research functioning? Are researchers finding ways to collaborate despite the fractured political leadership?**

**COOVADIA: ABSOLUTELY. WE** get more external funds for research than almost any other country in the world. And there is a vibrant research community in the country. One failing is that a very large proportion of the studies are not the original contribution of South Africans, but designed elsewhere and merely implemented here, with a perfunctory nod to local ownership.

**GRIMWOOD: NATIONAL LEADERSHIP** in research is an area of critical need. South Africa has access to data that could answer many of the challenges facing clinicians locally and in other countries, but that requires coordination and systematic evaluation. Newer treatments are untested in large populations and it is critical to see how these [treatments will have an] impact, and what the longer term effects on particular population groups are.

**RESEARCH ON PREVENTION** tools like microbicides and vaccines continues, but appears to need immense resources. With our limited scientific capability and resources, [pre-clinical work] may best be left to better resourced countries, while we assist with later developments.

### **IAS: Does the government show a commitment to HIV research?**

**GRIMWOOD: THERE IS** no current research into the “snake oil cures” which are being peddled in local communities and what impact this has on AIDS denialism, the general health of infected people, and the interaction of these with ARVs. “Treatments” like Virodene (dimethyl formamide), the organic solvent which was discredited [as an HIV treatment] several years ago, have just resurfaced, indicating ongoing evaluation by unnamed organizations.

**SUPPORT OF VACCINE** and microbicide research continues.

**COOVADIA: WHILE SOME** research is supported, I suspect – although I have no proof – that there is a tendency to use the Medicines Control Council, which regulates research activities, to delay work of which the government does not approve.

### **IAS: What impact has the removal of the Deputy Health Minister had on the national AIDS campaign, and what are the implications for the future?**

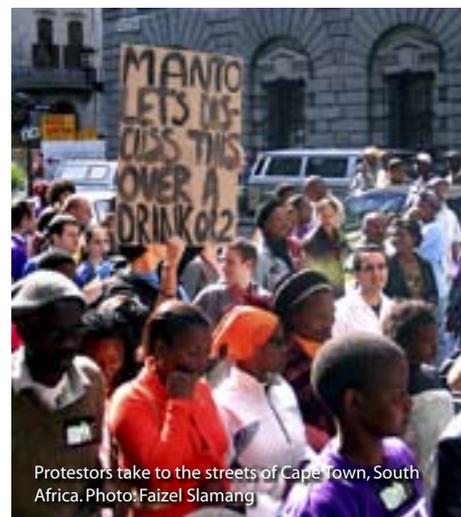
**COOVADIA: IF WE** were able to maintain the momentum created by the deputy minister’s actions, we could have gone much faster and achieved more as a joint exercise between state and society, than we are able to now. The manner in which she was discharged speaks ill of our democratic processes.

**GRIMWOOD: BUSINESS CONTINUES** as usual. There is acute civil society monitoring of the national programme and the NSP. If there are any signs that these goals are being delayed or reduced, there will be mobilization of civil society to correct the situation.

### **IAS: How much support does the Minister of Health, MantoTshabalala-Msimang, hold among health care workers and researchers in South Africa?**

**GRIMWOOD: THERE IS** great support from certain traditional political structures, as well as some health care workers in critical positions. This support, though, is not universal.

**COOVADIA: SHE HAS** little support. However, given the sharp racial divide in the country



Protestors take to the streets of Cape Town, South Africa. Photo: Faizel Slamang

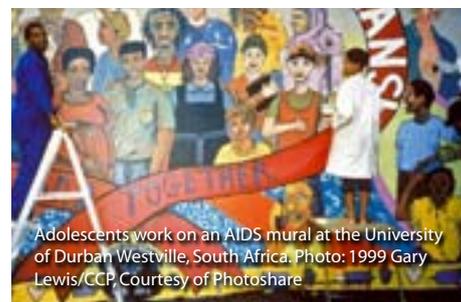
exacerbated by the African National Congress (ANC) and its new elites and die-hard supporters, there are some people who will see attacks on Manto as being racially motivated, and may support her.

### **IAS: What are the most pressing HIV-related issues which South Africans (health-care workers, governments and NGOs) should be focusing on?**

**COOVADIA: BESIDES THOSE** already mentioned, fundamentally, it’s the same as with the rest of the continent: health personnel and infrastructure such as facilities, labs, clinics and equipment, are needed. The task is to stop complaining and do the very best we can with whatever we have, because what we have is a whole lot better than what the rest of the continent has to deal with.

**GRIMWOOD: WE SHOULD** focus on positive prevention and ensuring maternal health through well-run PMTCT programmes that are integrated with general HIV treatment, care and support programmes.

**WE NEED TO** address the treatment gap in the most urgent and creative ways without sacrificing quality of care. This would require meeting the needs of human resources, infrastructure, health management information systems and capacity development. The focus needs to be at the primary level of care with care worker involvement at the community level. If we are able to do this well, we will meet our HIV treatment needs, and have a positive impact on the TB epidemic as well. ■



Adolescents work on an AIDS mural at the University of Durban Westville, South Africa. Photo: 1999 Gary Lewis/CCP, Courtesy of Photoshare



Director of the World Bank's Global HIV/AIDS Programme, Debework Zewdie  
Photo: 2007, International AIDS Society

## Translating Research into Practice: A Report on IAS 2007

By Rodney Kort

The IAS recently released a report on the 4<sup>th</sup> IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007), held 22 – 25 July in Sydney, Australia.

**THE REPORT**, *New Research and its Implications for Policy and Practice*, is a first of its kind for the biennial pathogenesis conference, summarizing key research findings and providing an analysis of the data presented in the three major tracks: basic science; clinical research, treatment and care; and biomedical prevention science. The IAS hopes the report will be useful to policymakers, community advocates and scientists in translating information from the conference into future research, policy development and advocacy efforts in these areas. Following are some report highlights. The complete report is available at [www.iasociety.org](http://www.iasociety.org).

### Basic Science

Sobering research was presented on viral resistance to microbicides and antiretrovirals, including important new research on CCR5 and CXCR4-tropic virus that has significant implications for the development of new entry inhibitors, such as CCR5 antagonists. Understanding mucosal immunity and the mechanisms of HIV infection is critical to microbicide development, and important information was presented on how HIV interacts with targets in genital tissue to establish infection. In addition to laboratory work that analyzed the mechanisms of new drugs on pathogenesis and potential new therapeutic targets, an excit-

ing new approach using HIV gene therapy as an antiviral strategy was also presented and will proceed to clinical trials in the near future.

**KEY QUESTIONS IN** basic science about immune activation and modulation, effective correlates of immunity and viral latency must be answered, among many others, to establish more effective microbicides, therapeutic strategies and, ultimately, a vaccine. The abundance of new targets and strategies promises a vibrant research environment in the coming years.

### Clinical Research, Treatment and Care

Clinical management of HIV and TB co-infection continues to present physicians with challenges, with several studies addressing various aspects of clinical management, including drug interactions between antiretrovirals and antimicrobials. Extensive new research was also presented on promising new classes of antiretroviral drugs, including CCR5 antagonists, an integrase inhibitor near approval, a promising new non-nucleoside, and a maturation inhibitor in Phase II trials.

**THE GROWING ARSENAL** of new drugs and new classes of drugs that are less toxic and more convenient have obvious implications for clinical management – and clinical guidelines – in the developing world. Resistance and antiretroviral toxicity were addressed in several studies and will also need to be factored into treatment strategies. Data from studies suggested that important lessons must be learned from late initiation of treatment, continued use of failing regimens and inadequate laboratory monitoring in resource-limited settings. Finally, the continuing proliferation of often costly new ARVs will have important cost implications for policymakers; while no cost-effectiveness study addresses the new vs. old drug issue, several analyses showed

that providing antiretrovirals significantly cut costs of HIV-related hospitalization and other health related services.

### Biomedical Prevention Science

This track was formally added to the title of the conference to reflect its growing importance in the field of HIV research. There was disappointing news presented on the cellulose sulphate microbicide trial that was stopped earlier in the year, and much data to review from this study that will inform future microbicide studies. Circumcision received much attention, particularly on how to scale up this new intervention effectively. There remains significant concern about the low uptake of mother-to-child-transmission (MTCT) prevention programmes; a Rwandan study found that triple combination antiretroviral therapy is almost entirely effective at preventing transmission during breastfeeding.

**A STUDY IN** the Ukraine added even more data to the mountain of evidence indicating that opioid substitution therapy dramatically lowers injecting risk behaviour. Several speakers pressed for proven interventions, such as needle exchanges and substitution therapy to be implemented; this is particularly critical in regions such as Eastern Europe and Central Asia where injecting drug use is the primary driver of the epidemic.

**SEVERAL PRESENTERS NOTED** that biomedical prevention interventions must be positioned with other social and behavioural interventions, and that clinical trial efficacy does not guarantee effectiveness in real world settings. Several researchers urged policymakers to implement all proven prevention interventions, not just ones which they personally favour; in many cases, this means that legislative change as well as broader community engagement with poverty reduction, microfinance programmes and other interventions are required. ■



Photo: 2007, International AIDS Society



## Sydney Declaration: Urge Your Organization to Sign On

The IAS members issued a call to the international public health community last month, the Sydney Declaration. The Declaration is named for the host city of IAS 2007, Sydney, Australia.

**EMPHASIZING THE NEED** for ongoing research on the best methods of HIV prevention, treatment and care to respond effectively to the epidemic, the Sydney Declaration asks that 10 per cent of all resources dedicated to HIV programmes be set aside specifically for research.

**THE DECLARATION, WHICH** calls for the integration and scale-up of research efforts, could not come at more crucial time in the fight against HIV/AIDS. Governments and international donors have made strides in realizing the necessity of allocating greater resources to scale-up HIV/AIDS prevention, treatment and care.

**UNFORTUNATELY, THERE HAS** been no parallel realization about the need to emphasize a simultaneous scale-up of HIV research – particularly in the area of operations and prevention. Instead, HIV researchers have seen their budgets continuously flat-funded or even reduced. Major international donor programmes such as the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria do not prioritize research in their country programme plans.

**THE INFUX OF** international funds from the U.S. and other donors has made a huge difference in getting people – particularly those in resource-poor countries – access to HIV treatment and care. The 2000 International AIDS Conference in Durban was a fundamental turning point in pushing for equity in global public health; only in the years since that watershed moment has treatment access been scaled up significantly in the developing world.

**WHILE THESE EFFORTS** are absolutely necessary, new infection rates still surpass the rates of treatment scale-up. If we truly wish to avert millions of new infections, we cannot continue to relegate prevention research to an afterthought. Policymakers, governments and donors must make evidence-based prevention research a global priority. As the Declaration states, we cannot maintain a sustained and effective response to the AIDS epidemic without this commitment.

**THE IAS VERY** much hopes that the Sydney Declaration will do for research investment in the developing world what the International AIDS Conference in Durban did for treatment access. To date, more than 1,800 individuals have signed the Declaration. To further strengthen this momentum, the IAS now asks your support in getting organizations to sign on to the Declaration. You can get your organization to sign on at the IAS website: [www.iasociety.org](http://www.iasociety.org). ■

## IAS Members Working Together for a Stronger Health Workforce

Strengthening the health systems in those countries most affected by HIV/AIDS is essential to achieving universal access to HIV/AIDS prevention, treatment and care. Without more efficient and equitable health systems, countries will not be able to scale up the disease prevention and control programmes required to meet the health goals set at the national and global levels. Of particular significance to IAS members is to find ways to strengthen the health sector workforce.

**THE IAS MEMBERS'** meeting held in conjunction with the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Sydney (IAS 2007), and at the 8th Inter-

national Congress on AIDS in Asia Pacific in Colombo, Sri Lanka, included policy fora at which the global health workforce crisis was discussed. IAS members had an opportunity to share experiences and proposals on how the IAS could add value to current regional and international policy and advocacy efforts to expand and sustain a health workforce able to meet the demands of scaling up to universal access.

**AT THE MEMBERS** meeting in Sydney, Pedro Cahn, IAS President, presented an overview of the complex causes and current options in addressing the global health workforce crisis to an audience of 125 participants from all regions.

**THE FOLLOWING ACTIONS** were proposed in the subsequent member discussion:

- Expansion of IAS educational efforts, with special attention to research and continuing medical education on HIV/AIDS treatment, including tailored packages for different levels of the health workforce;
- Promotion of knowledge and evidence generation, sharing of best practice and better use of existing tools, including task shifting, that enables expansion of treatment provided by nurses;
- Proactive engagement with the issue of health worker migration;
- Support of initiatives on integrating HIV/AIDS programming into health systems in order to improve delivery, including monitoring of treatment scale up and the development of drug resistance; and
- Strengthened advocacy against HIV/AIDS stigma in health systems, especially where practiced by health care workers themselves.

**IN COLOMBO, IAS** member, Naimatullah Akbari, gave a presentation on AIDS in Afghanistan, which he explained is a country of low HIV prevalence, but with important risk and vulnerability factors. N.M. Samuel, IAS Regional Representative in Asia and the Pacific Islands, introduced the discussion on the global health workforce crisis, with a special focus on the region. The participants committed themselves to support IAS' policy and advocacy activities, and expressed interest in direct engagement, including participating in working groups and signing onto advocacy initiatives.

**THE FORMAT OF** the IAS' Members' Policy Forum in Sydney and Colombo will be replicated at future meetings where IAS policy priorities are being discussed.

**AS A FOLLOW UP**, the policy and advocacy department at the IAS secretariat in Geneva will work to engage members, disseminate information and develop activities that can add to the strengthening of the health care workforce. ■

## Robert Meets Neil: A Tale of Two Journalists in Sydney

Zimbabwean Robert Mukondiwa and Neil Marks from the Caribbean country of Guyana, met at IAS 2007. As media scholarship recipients, they attended a number of training and networking sessions for journalists and, in the process, became fast friends. Here, Robert Mukondiwa introduces his comrade in penmanship, Neil Marks.

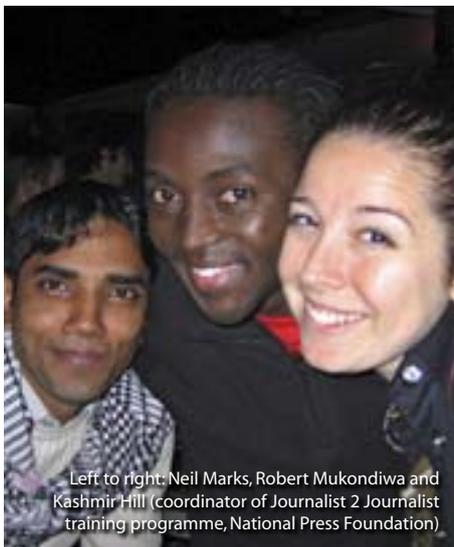
**THERE WAS SO** much that we had in common, including a stubborn resolve that had got us this far in a vocation that is almost always dangerous in the developing world.

**IN HIS ALMOST** ten years as a journalist, Neil has been fired for refusing to sweep facts under the carpet, locking horns with figures that make up the elite of Guyanese political life. Yet he has survived it all and, ironically, a month after he returned from our time in Sydney, he was again suspended for a week for wanting to tell it like it is. Sometimes in developing countries the fight against HIV/AIDS and the need to tell the truth become blurred. It is difficult to be the journalist and not the activist.

**HAVING BOTH BEEN** in Toronto for the International AIDS Conference, we both found the going a bit easier at IAS 2007 when faced with the task of finding what to focus on and which stories would interest people back home.

**"AIDS IS THE** big issue when a conference is afoot," Neil said to me, "but when we get home, politics carries the day and is given top priority at the expense of human life." If organizations like IAS and the Kaiser Family Foundation did not help developing world journalists like us to report from the ground and send messages relevant to our readers back home, where would our readers be?

**NEIL MARKS HELPED** me see that I was not alone as the victimized journalist whose cause is not at the top of the agenda. Yet I was also heartened to know that after talking about AIDS, dying children, poverty and depressing issues that affect people back home, it was not too extravagant to sit back in the hotel room and enjoy a cold beer. It took the IAS to bring together two people, who otherwise may never have met, to a conference that helps them share and explore their passion. And now the relationship has been cast in stone! ■



Left to right: Neil Marks, Robert Mukondiwa and Kashmir Hill (coordinator of Journalist 2 Journalist training programme, National Press Foundation)

## Travel Policy for People Living with HIV

People living with HIV (PLHIV) face unnecessary barriers when they seek to enter some countries as business travelers, visitors, immigrants, or refugees. These barriers are discriminatory, perpetuating and reinforcing the stigma attached to living with HIV.

**COUNTRIES THAT ERECT** entry barriers for PLHIV – notably the United States (U.S.), Russia and China, among others – justify their policies as necessary to protect public health and the public purse. Clearly, HIV is not communicable through casual contact, and considerable research has been done to show there is no public health rationale for restricting liberty of movement or choice of residence on the grounds of HIV status.

**ON WORLD AIDS** Day last year (2006), U.S. President, George Bush, directed his Secretaries of State and Homeland Security to initiate a rule for a categorical waiver to allow HIV-positive people to enter the U.S. for short visits. However, nearly a year later, it is unclear whether any tangible progress has been made on working out the mechanisms of what this would look like and how it would be implemented.

**IN SEPTEMBER 2007**, U.S. Congressional Representative, Barbara Lee of California, introduced legislation that would lift discriminatory travel restrictions limiting short-term entry of PLHIV into the U.S. Representative Lee's legislation seeks to return the authority of the Secretary of Health and Human Services in making the determination about the status of HIV as a communicable disease of public health significance. The bill would require the

Secretary of Health and Human Services to undertake a review of all existing travel and immigration policies regarding HIV. This review would be open to public comment for 30 days, and require that a report from the process was submitted to Congress on whether to maintain the ban by regulation or remove it based on public health analysis. The outcome would therefore determine whether the current U.S. law and policy regarding inadmissibility of people living with HIV and AIDS would be repealed.

**AT IAS 2007**, the IAS Governing Council approved the organization's policy regarding the right of PLHIV to travel. In affirmation of the principle which resulted in relocating the 1992 International AIDS Conference from Boston to Amsterdam, the Governing Council agreed that "The International AIDS Society will not hold its conferences in countries that restrict short term entry of people living with HIV/AIDS and/or require prospective HIV-positive visitors to declare their HIV status on visa application forms or other documentation required for entry into the country." There is widespread consensus internationally that travel restrictions against PLHIV are ineffective prevention tools and not consistent with current scientific knowledge, public health best practice, and humanitarian principles.

**IN 2008, THE** IAS will continue to expand its advocacy efforts against travel discrimination in strategic countries like the United States and China, in order to reduce the stigma propagated by unjust laws and policies, and to support the engagement of people in these countries in progressive global HIV/AIDS policy issues. The IAS believes that it is a right of people living with HIV to travel freely. Discriminatory laws and policies continue to fuel national and international stigma. These laws sustain a culture of exclusion, rights violations and marginalization that impedes an effective response to the epidemic. ■





Elly Katabira (Uganda), Yasmin Halima (IAS) and Dawn Smith (CDC)

## IAS 2007 Education Programme

By Rodney Kort

**THE IAS DELIVERED** a pilot education programme at IAS 2007, aimed at young investigators working in basic, clinical and biomedical prevention science. The curriculum for *Current Research and Translational Research Issues in Basic, Clinical and Prevention Science* was delivered by leading investigators in the field, and included cross-disciplinary discussions and presentations on upcoming research at IAS 2007. The 20 July seminar also included two interactive skills-building workshops on grant proposal writing and how to write for publication in scientific journals. Daily briefings for participants were held during the conference, who also had access to an online communications platform to access resources.

**THE PROGRAMME WAS** independently evaluated by a local consulting firm. The evaluation report strongly encourages the IAS to continue strengthening its role in education, with all participants indicating that they benefited from the programme; 85 per cent of participants indicating that the programme would influence their work; and 92 per cent indicating that the programme was relevant to their area of research. The two skills-building workshops, particularly the eIAS 'Public or Perish' workshop, were singled out for particularly strong reviews. The online networking platform, however, presented both technical and administrative challenges that need to be addressed to ensure it is an effective tool for participants and faculty. Participants also received a one-year complimentary IAS membership.

**THE IAS IS** currently planning to deliver two education programmes at the XVII International AIDS Conference in Mexico City, using the evaluation report to inform the

development and delivery of course curricula. The evaluation report is posted on the IAS website at [www.iasociety.org/Default.aspx?pageId=86](http://www.iasociety.org/Default.aspx?pageId=86). Check the education page of the IAS website for information and application forms for AIDS 2008 courses.

## Initiatives Update: Industry Liaison Forum

By Yasmin Halima

Research on biomedical prevention technologies is at a critical juncture, with encouraging results from a number of prevention studies, including efficacy data from three male circumcision studies and safety data from an African pre-exposure prophylaxis (PrEP) study. However, the field has had disappointing results from two recent microbicide and vaccine candidates.

**THE INDUSTRY LIAISON** Forum (ILF) continued its focus on the research and policy challenges associated with PrEP at the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007). At its satellite, entitled *Are we Prepared for PrEP? The Challenges of Implementing Proven Biomedical Prevention Technologies*, ILF explored the technical, operational and ethical challenges of implementing this potentially efficacious intervention, inviting a broad range of stakeholders to represent investigator, government, donor and normative agency perspectives. The satellite was the first ILF event to be formally evaluated and forms part of an ongoing review and evalua-

tion process of this initiative. The evaluation provided useful insight on the profile of attendees to the ILF satellite, noting that 75 per cent of survey respondents came from Asia-Pacific, Africa, Latin-America or the Caribbean. Most participants (91 per cent) reported at least one professional gain from attending the meeting, with a high proportion noting that they would use information from the event in the course of their work (75 per cent). Survey participants specifically highlighted "new insights into the potential impact of PrEP on the epidemic" (62 per cent) and an "increased understanding of the challenges to PrEP implementation" (59 per cent) in their response.

**ALTHOUGH NOT AN** ILF initiative, a related meeting took place involving many of those already engaged with ILF. The IAS PrEP Implementation Forum, co-sponsored by the Bill & Melinda Gates Foundation, facilitated dialogue between developing country Ministry of Health representatives, PrEP research sponsors and investigators, as well as civil society, UN agencies and industry. The purpose of the meeting was to examine the translational issues involved with implementing PrEP and other biomedical prevention technologies in specific country settings. A report from the meeting is available on the IAS website at [www.iasociety.org/Default.aspx?pageId=85](http://www.iasociety.org/Default.aspx?pageId=85).

**FINALLY, WE ARE** pleased to welcome Pedro Cahn, IAS President, as co-chair of ILF, joining Joep Lange and Elly Katabira. Dr Cahn is a long-standing member and contributor to ILF. He replaces Michel Kazatchkine, who stepped down following his appointment as Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The secretariat would like to thank Professor Kazatchkine, who helped shape ILF into the dynamic initiative it is today, and look forward to the continued success of ILF under the expert direction and support of Dr Cahn, Dr Katabira and Dr Lange. ■

## IAS and the AIDS Society for Asia and the Pacific Strengthen Collaboration

The IAS and the AIDS Society for Asia and the Pacific (ASAP) have signed a Memorandum of Understanding (MOU) expressing commitment to facilitate cooperation between the two societies. Cooperation will be carried out through consultation, sharing of technical services and information exchange.

**THE TWO SOCIETIES** agreed to use the MOU as a framework for learning from and supporting each other so that they can serve their members more effectively and achieve their common goal of preventing, controlling, treating and reducing the impact of HIV/AIDS. Initially, the IAS will support ASAP in organizing the 2009 International Congress on AIDS in Asia and the Pacific (ICAAP), which will take place in Bali, Indonesia. They will also carry out joint policy and advocacy activities on identified priority issues. Other areas of collaboration include institutional capacity building and membership services. As membership of the IAS is individual and that of ASAP is organizational, the two societies are well placed to cooperate with one another.

**THE MOU WAS** signed in Sydney on 23 July 2007 during the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Pedro Cahn, President, and Craig McClure, Executive Director, signed on behalf of the IAS; and Myung-Hwan Cho, President, and Scott Hearnden, Executive Director, signed for ASAP. ■

## Upcoming Regional AIDS Conferences

### Eastern Europe and Central Asia AIDS Conference

The second Eastern Europe and Central Asia AIDS Conference (EECAAC) will take place in Moscow, Russia, from 3 to 5 May 2008. The theme of the conference will be *Accelerating Access to HIV Prevention, Treatment and Care for All*.

**A BROAD RANGE** of stakeholders has been actively involved from the beginning in the planning and organizing of the conference. The first Conference Organizing Commit-

tee meeting took place on 12 July 2007 in Moscow and the specialist programme committees met during October. Registration of participants and submission of abstracts is planned to open at the beginning of December 2007.

**CRAIG MCCLURE**, IAS Executive Director, is conference co-chair, while Françoise Barré-Sinoussi, IAS Governing Council member for Europe, is on the Scientific Programme Committee. The IAS will provide technical advice and assistance on conference governance, programme building, logistics, fundraising and evaluation.

### International Conference on AIDS and Sexually Transmitted Infections in Africa

The 15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) will take place in Dakar, Senegal on 7-11 December 2008. The theme for the conference will be *Africa's Response: Face the Facts*. The call for abstracts and registration, as well as scholarship applications, are set to open in November 2007.

**THE SECRETARIAT AND** respective conference governance and programme building structures are in place. Souleymane Mboup is the conference chair. He is assisted by two vice chairs, Ibra Ndoeye and Fathia Mahmoud. The IAS is represented on the International Steering Committee of the conference by Craig McClure, Executive Director, and Elly Katabira, IAS Governing Council Regional Representative for Africa. The first meeting of the committee was held in June 2007 in Dakar, Senegal. ■

## IAS Joins as Partner Organization to the U.S. Conference on AIDS

**IN OUR GROWING** mission to link science with implementation of programs, the International AIDS Society has joined as a partner organization to the U.S. Conference on AIDS. The mission of the United States Conference on AIDS is to increase the strength and diversity of the community-based response to the AIDS epidemic through: education and training, new partnerships, and collaboration and networking. The next conference is scheduled to take place on 7-10 November 2007 in Palm Springs, California. IAS will participate in developing the international track of the 2009 Conference. The U.S. Conference on AIDS is organized by the National Minority AIDS Council, based in Washington, DC. ■

### The Society of AIDS in Africa Expands Membership

**THE SOCIETY OF** AIDS in Africa (SAA) has embarked on a major membership recruitment drive as part of its restructuring and modernization programme. You can apply online through the SAA at [www.saafrica.org](http://www.saafrica.org) or the IAS at [www.iasociety.org](http://www.iasociety.org). SAA membership is free until December 2007. This initiative is part of the collaboration between the IAS and SAA. ■



Left to Right: Michel Kazachkine (EECAAC 2008 conference co-chair), Peter Piot (EECAAC 2008 conference co-chair), Craig MacClure (IAS executive director) and Dr. G.G. Onishchenko (Head, Russian Federal Service for Surveillance on Consumer Rights Protection and Human Well-being)



## The IAS Talks with Elly Katabira, IAS Regional Representative in Africa

Elly Katabira, MD, has worked in the field of HIV/AIDS care and research since 1985. He is presently the Deputy Dean for Research and Clinical Advisor at the AIDS Clinic in Mulago Hospital and at the Infectious Diseases Institute of Makerere University Medical School in Uganda.

**DR. KATABIRA RECEIVED** his medical education in Uganda, England, Scotland and the U.S. In 1990, he was recognized as a World AIDS Foundation International Scholar. He is a founding member of The AIDS Support Organization (TASO) and still serves as the organization's medical adviser. Dr. Katabira is also the author of more than 100 published scientific articles and abstracts.

### Q: Dr. Katabira, how do you see your role as a regional representative for the IAS?

**A: MY ROLE** as a regional representative is to voice my regional concerns on HIV/AIDS so that they are given their due attention in the international arena. Since the IAS covers all aspects of HIV/AIDS including care, research, social, political and human rights, it is my role to ensure that regional needs are adequately addressed. It is also my role to ensure that members from my region have access to all the benefits available to the society's members, including information about scholarship opportunities to attend IAS-organized conferences and education programmes.

### Q: What are the main challenges in HIV/AIDS in your region and how are they being addressed?

**A: THE MAIN** challenges in HIV/AIDS in my region are:

- **Patient care:** my region is the poorest and holds the largest number of HIV infected people. Of all those who need ARVs, for example, only 20 per cent can access it. The international community, through the Global Fund and the President's Emergency Plan For AIDS Relief, have come forward with funds to facilitate accelerated access to this care. Also IAS has positively promoted care and prevention as a priority for the region.
- **HIV prevention:** with a large proportion of the region's population already infected, continued HIV transmission is a major problem. Much work on prevention is currently going on in the region that is involving all stakeholders including governments. The IAS, through its leadership forum, has done a lot at major conferences to push the point of prevention among leaders.
- **Research:** there is need to undertake operational research in the region to inform the various activities such as accelerated access to care and prevention. Unfortunately, most governments of the region do not have enough resources. The IAS and the World Bank are now actively advocating for funding agencies to strengthen their research investment.

### Q: What can the IAS do to better link with the regions?

**A: THE IAS** should take advantage of the international as well as the regional conferences on AIDS to make their presence felt. It should promote the society and encourage people to join by pointing out the many benefits of membership. It should then use the internet and the IAS website to sustain the membership and interest by continuously exposing the members to the opportunities such as training scholarships and research funding opportunities as they arise. Already, the IAS Newsletter is being effective because it is available electronically. In addition, the IAS should encourage members to use the electronic journal of the IAS (eJIAS) to publish their work, particularly those who present at conferences.

### Q: Why would you advise someone to become a member of the IAS?

**A: FOR THOSE** working in the HIV field or who are planning to do so, membership of the IAS opens up opportunities that will enrich their work and interest in the field. These opportunities include exposure and learning from other people in your field, exposure to research and training opportunities across the globe, and the opportunity to learn more on the care and prevention of HIV/AIDS within your region and elsewhere. ■

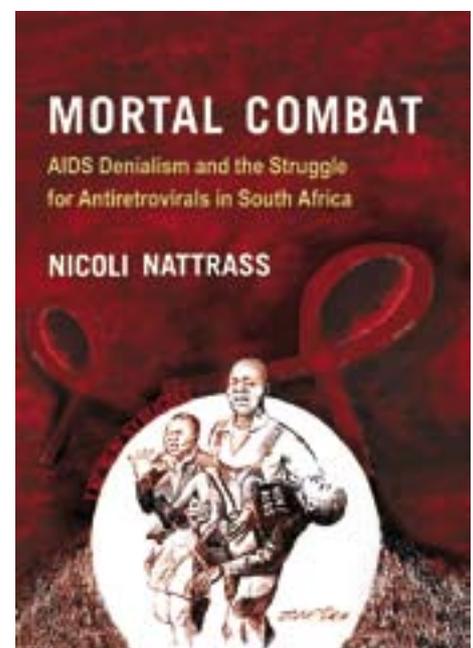
## Book Review

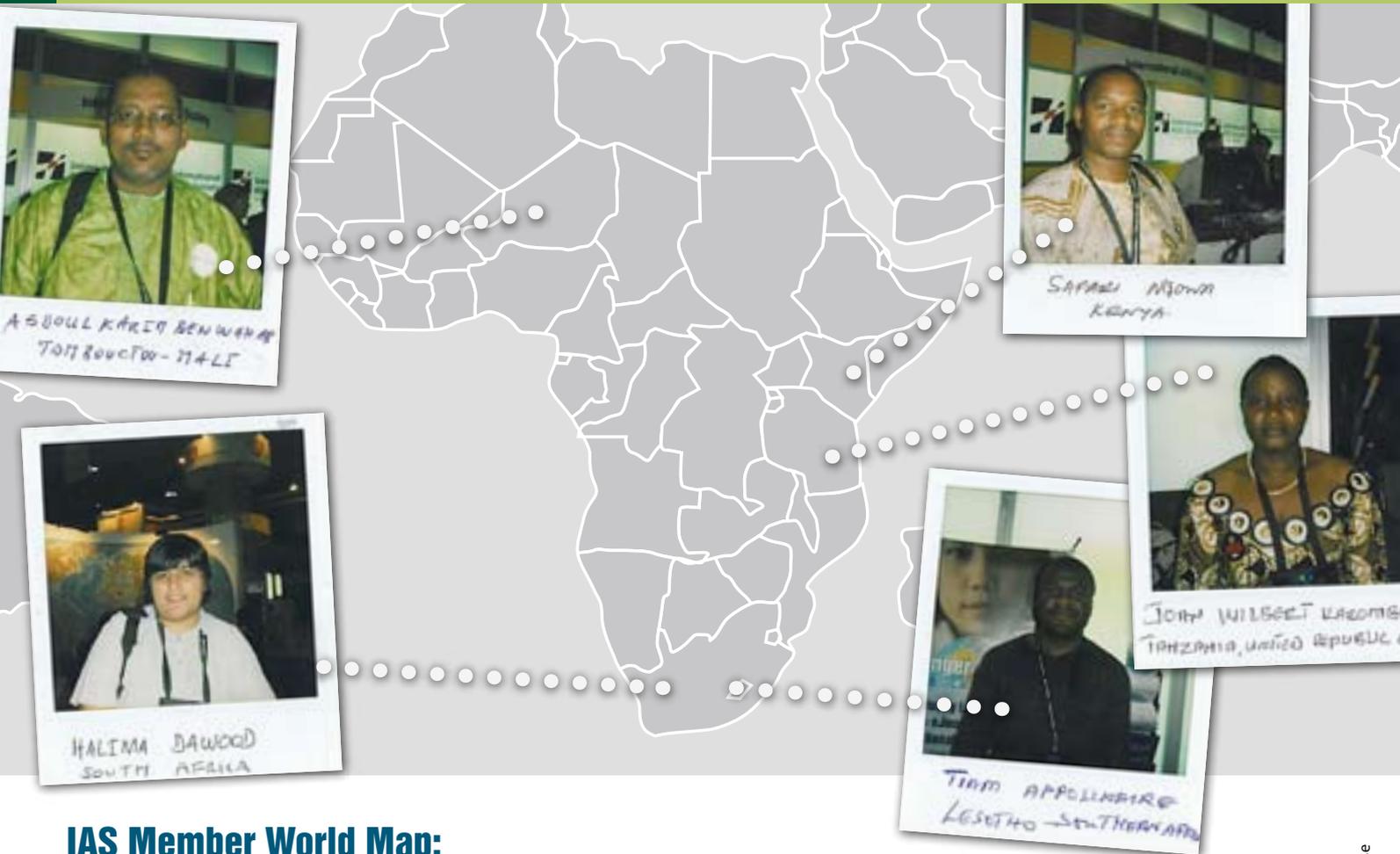
### *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* by Nicoli Natrass

#### Review by Mark Wainberg, Ph D

By many criteria, Thabo Mbeki, the President of South Africa, should be judged a successful leader. Among other considerations, the economy of South Africa has performed well in recent years, and the threat of civil war, once considered likely in a country that oppressed its black majority for so many years, is now thought to be remote. How sad, therefore, that the legacy of this otherwise outstanding leader will be forever tainted and perhaps best remembered for his denialist policies in regard to HIV/AIDS and his long-standing refusal to embrace the use of antiretroviral drugs for the treatment of HIV disease. Nicoli Natrass has rendered an enormous service in this well-documented history and analysis of South Africa's policies toward HIV/AIDS during the period of President Mbeki's leadership. The book also salutes the nation's heroes, many of whom are members of the South Africa journalist community who have challenged President Mbeki and his Health Minister, Manto Tshabalala-Msimang, at every opportunity in regard to their lamentable policies.

Of course, it can be argued that these challenges and the publication of Natrass's book will have little impact in the short term on HIV/AIDS in South Africa. The hope, however, must be that the advent of a new President in 2008 will lead to real change if rationally-minded leaders are elected to office next year. Certainly, the readers of this excellent book will know how to cast their ballots in regard to HIV/AIDS issues at next year's elections. ■





## IAS Member World Map: Profiles from Africa

### South Africa

Halima Dawood works for Greys Hospital, KwaZulu-Natal. The hospital is the main referral center for infectious diseases in Western KwaZulu-Natal and manages more than 1,600 HIV-infected patients on antiretroviral therapy. In addition, the hospital provides tertiary level support to the other antiretroviral therapy initiation sites in Western KwaZulu-Natal. The hospital's website is <http://healthweb.kznit.gov.za/greyshospital.htm>

### Lesotho

Appolinaire Tiam is Head of the Clinical Unit at Senkatana Centre, which is a government referral clinic for infectious diseases, specializing in HIV/AIDS. Currently, there are about 4,700 HIV patients under care. The centre is also involved in operational research in the field of HIV/AIDS medicine and in training. For more information, visit [www.senkatana.org](http://www.senkatana.org)

### Tanzania

Joan Karomba is a nurse counselor in the HIV clinic at Muhimbili Hospital in Tanzania. She is involved in pre- and post-test counseling and follow-up at the clinic, focusing on lifestyle modification and ARV adherence. The clinic, which has been running since 2002, has enrolled approximately 3,000 patients and has 10 nurse counselors.

### Kenya

Safari Ngowa is a public health nurse by training. Currently, Safari is a community health coordinator for Medical Assistance Programs (MAP) International's Kenya country office. He has wide experience in community capacity building on HIV prevention, especially among the Maasai tribe. Information about MAP can be found at [www.map.org](http://www.map.org)

### Mali

Abdool K. Ben Wahab is the director of the NGO, Tombouctou Koirou Hinsa (TKH), created in 2000. TKH began by conducting awareness-raising HIV prevention activities, but has since extended its services to offer medical, social and nutritional care to 40 children infected by HIV. The aim of the organization is to provide support to all children who need HIV treatment in Tombouctou. Contact e-mail: [ongtkh@yahoo.fr](mailto:ongtkh@yahoo.fr)

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