NEWSLETTER

March 2009

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.

Case manager and client on the steps of It Takes a Village, Denver, USA
Photo: © See Change, www.see-change.com

HIV/AIDS amongst Black Americans

This edition's feature article examines HIV/AIDS in the Black community in the U.S. page 4

Message from the President

THE PUBLIC HEALTH benefit of antiretroviral therapy (ART) – by reducing viral load on both the population and individual levels – has long been discussed, but ART has never been explicitly used as a prevention tool, other than in prevention of mother-to-child transmission (which is still unacceptably low in take-up). As Director of the BC Centre for Excellence in HIV/AIDS, I have been a vocal proponent of using ART as a prevention tool. In 2006, my colleagues and I published a study in *The Lancet*, concluding that providing ART to all people living with HIV could dramatically curb the epidemic's growth within a few years. A *Lancet* paper published in November 2008 by investigators at the World Health Organization confirmed these findings.

AS IAS PRESIDENT, I will continue to pursue this discussion at the highest possible level. The new understanding of the added preventive benefit of ART represents a compelling new rationale for the re-invigoration of ART roll-out, particularly in light of the current global financial crisis. By reducing AIDS-related morbidity and mortality and HIV transmission, ART roll-out is a cost-saving investment. The way forward is clear: we must strengthen the integration between HIV prevention and treatment. Expanding programmes will differ from country to country and context to context, but there is no doubt that including ART in comprehensive HIV prevention programming curbs the impact of HIV/AIDS. Of course, ART expansion is only acceptable within a framework of voluntary testing and treatment that also protects individual rights.

WHILE ECONOMIC TROUBLES will undoubtedly affect our work, the world must remain vigilant in funding comprehensive HIV services. The IAS will continue advocating for sustained and increased HIV/AIDS funding, while examining the impact of new economic policies on advances made in the past decade.

THE GAP BETWEEN the richest and poorest in the world is the widest it has ever been, increasing the challenges to achieving universal access. The IAS will continue to stress that HIV/AIDS impacts millions of lives each year, with the biggest burden in the developing world. Affected regions also face multiple other health challenges including malaria, tuberculosis, lack of access to clean water and health care workforce shortages.

THESE HEALTH CHALLENGES are increasingly being incorporated into the HIV/AIDS agenda, promoting research synergies, integrated services, maximization of resources and health systems in general. The IAS will keep a steady focus on the specific research programmes and policies needed to address HIV/AIDS while supporting efforts that align HIV services with broader public health challenges. ■

Julio Montaner
IAS President

Letters to the Editor

LETTERS SHOULD BE e-mailed to 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. ■

Message from the Executive Director

THE PAST FEW months have seen an expansion of policy and programme activities at the IAS secretariat. In late October, the IAS organized a meeting in Eastern Europe and Central Asia aimed at expanding access to opioid substitution therapy (OST) for the region's injecting drug users (IDUs), where fewer than 2% have access to OST. In Russia, methadone, which is the main medicine used in OST, remains illegal, despite the fact that over 60% of the nation's HIV infections are caused by sharing of needles and other injecting equipment.

ON WORLD AIDS Day 2008, the IAS released its impact report from the XVII International AIDS Conference (AIDS 2008) and launched a campaign to hold the Group of 8 countries accountable for their promises to achieve universal access by 2010. Even in these difficult economic times, funding for HIV/AIDS, other diseases and health systems strengthening must be prioritized.

THE IAS PARTICIPATED in the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), held in Senegal in December. In addition to providing technical support to the organizers, the IAS held a number of professional development workshops, including a mentoring programme for young clinicians and training in manuscript and abstract writing. Other highlights included meetings of the IAS Industry Liaison Forum and engagement with our members through the IAS booth and a consultation related to the 2010–2014 strategic plan. We welcome the newly elected members of the Executive Commit-

tee of the Society for AIDS in Africa, the custodian of ICASA.

DURING ICASA, THE IAS joined forces with the Open Society Institute (OSI), United Nations Development Programme, the International HIV/AIDS Alliance and other partners to highlight the negative public health and human rights impact of laws designed to criminalize HIV exposure and/or transmission. The IAS signed on to a document released by OSI outlining 10 reasons why criminalization of HIV transmission is bad public policy.

FROM THE BEGINNING of 2009, the IAS staff has been accelerating preparations for the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) in Cape Town. The IAS is organizing a number of pre-meetings to highlight the essential linkages between HIV and TB, health systems strengthening and operations research. Cape Town is shaping up to be the most important HIV biomedical conference of the year. I look forward to seeing many of you there. ■

Craig McClure
IAS Executive Director

Remembering Martin James Flynn, IAS Information Coordinator

Born 3 March 1952, Middlesbrough, England; died 22 October 2008, Geneva, Switzerland.

By Denis Flynn

MARTIN DIED IN Geneva at age 56 after a five-week struggle for life following a massive heart attack. Alex, Martin's partner, was by his side throughout this time and at the end, and, for much of the time, we, his brothers and sisters, were there too. We are all shocked and full of grief and sadness at his untimely death. Martin has been a much loved and great character throughout his life. He had so much more to do and achieve, to enjoy and fulfil. But we have much to remember and celebrate about his life.

MARTIN WAS AND is unforgettable, his energy and humour infectious – and outrageous at times. His social conscience was well-informed and reality-based. Through his personal courage, with either frank opposition or gentle persuasiveness, he was able to take on resistant voices and groups. His personal warmth, generosity and interest in others left its mark on many – his friends and colleagues, his brothers and sisters and Alex's family in Spain. Martin also had a particularly personal attachment to the younger set, his nieces and nephews: he was ever the funny, flamboyant and "subversive", but loyal uncle.

MARTIN WAS BORN and brought up in a large, lively Catholic family in Middlesbrough in the north of England. Many of us were very close in age, close friends and playmates, although in teenage and later years we each took more divergent paths and interests. Martin at times seemed a solitary figure, but his individuality stood out even as a young child, being intelligent and outspoken, and drawing like minds and kindred spirits to his many causes and projects. Like his father, Joseph, he spoke passionately for the causes he believed in, and like his mother, Cecilia, he had a warm tenacity of viewpoint. In the late 1960s, as a teenager, with others he founded SARI, the Society for the Advancement of Racial Integration, which skilfully drew attention to issues of racial inequality and discrimination. His protests against foxhunting and blood sports gained nationwide BBC television coverage.

MARTIN INITIALLY THOUGHT of training in medicine, but instead studied biochemistry at Essex University. There he was at the fore in the heyday time of student politics in Britain. He left Essex after two years and went to London.

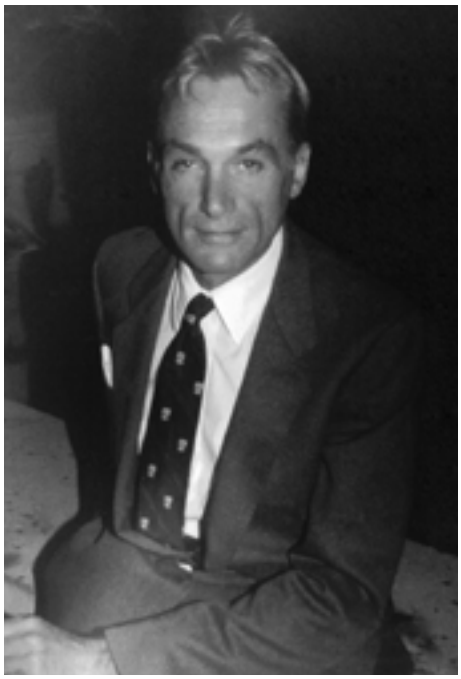
MARTIN WENT ON to study American literature at Hull University. There he founded and edited the confrontational and satirical student magazine *Hullfire*, which set him on the path to serious journalism. He went on to do an M.A. in Comparative Literature at Sussex University. Through his lifelong interest in modern literature Martin developed his clear, straightforward and direct style of writing.

MARTIN REACHED A difficult isolating point in his life when he went through confusion about his personal and sexual identity. Becoming HIV-positive was a further terrible trauma. But Martin was able to live more securely with his new sexual identity as a gay man. He was a trustee of Body Positive and a volunteer for the Terence Higgins Trust. Throughout, Martin has shown courage and resilience, and come into his own fully as a person. Martin grew and flourished within his secure loving relationship with Alex for 20 years. His vigour in writing has been underpinned by his learning through personal suffering and experience.

MARTIN PURSUED HIS career over many years as a print journalist with different publications, particularly the *Pink Paper* and *Positive Nation*. He conducted and published impressive interviews with public and prominent figures, not only on the personal conflict and social dilemmas of gay men and women in public life, but also on political and international issues to do with HIV/AIDS awareness and injustices. He always showed a capacity to collate and communicate medical and biological information on HIV/AIDS with sensitivity to its impact on individuals and groups. On wider international political issues he was clear and direct, making full use of his tough iconoclastic humour. He became well known in medical circles as an expert in his field, and had continuous contact with Parliamentary committees and government ministers in England over the years. In his writing and campaigning, and in his own BBC television documentary, Martin confronted pharmaceutical companies about the high cost of HIV drugs that affected whole populations in the developing world, and the need for cheaper, more accessible alternatives. He made a significant contribution to debate, and to bringing about real change, and he communicated this work up to the end through numerous international conferences.

MANY ASPECTS OF Martin combined together through his personal and professional life to create an increasingly full personal achievement. Martin's move with Alex to Geneva for the post of Information Coordinator for the International AIDS Society (IAS) represented a further step forward. On its website the IAS mourned Martin's loss and his "fight against ignorance, stigma and discrimination in the UK and internationally over the past two decades."

MARTIN WILL BE sorrowfully missed, but always remembered and loved. ■



Participants in a workshop hosted by Sisterlove, an HIV prevention, education, support and advocacy organization in Atlanta, USA. Photo: © See Change, www.see-change.com

Left Behind

Black America: A Neglected Priority in the Global AIDS Epidemic

By Phill Wilson, Chief Executive Officer, Black AIDS Institute

In global health circles, a sharp distinction is typically drawn between AIDS in low- and middle-income countries and the epidemic in high-income countries. While this dichotomy reflects the fact that the overwhelming majority of the world's HIV infections occurs in developing countries, it also obscures at least one important parallel between AIDS in the global North and South. In the United States, Black people are experiencing among the world's most severe epidemics.

A Disproportionate Burden on Black Americans

Even in the epidemic's early years, AIDS in the U.S. disproportionately affected Black Americans. Between 1981 and 1983, when Black people represented only 12% of the U.S. population, they accounted for 26% of all reported AIDS cases.

IN THE INTERVENING years, HIV in the U.S. has become even more heavily concentrated in the Black population. Indeed, Black Americans may have higher infection levels than many low-income countries. The U.S. Centers for Disease Control and Prevention (CDC) estimates that more than 500,000 Black people in the U.S. were living with HIV in 2006, representing 46% of all HIV infections. In 2006, HIV prevalence among Blacks was nearly eight times higher than among Whites.[1]

A RECENT CDC analysis of HIV incidence in the U.S. indicates that Black people remain at markedly greater risk than other racial or ethnic groups. In 2006, Blacks accounted for 45% of new HIV infections. According to the CDC, the HIV incidence rate was almost 15 times higher among Black women than among their White counterparts.[2]

EVEN AS NATIONAL HIV-related mortality has fallen by more than 70% since the advent of Highly Active Antiretroviral Therapy, AIDS remains the leading cause of death among Black women in the U.S. between ages 25–34 and the second leading cause of death among Black men between the ages of 35–44. In 2006, nearly twice as many Blacks in the U.S. died of AIDS as Whites. Since the beginning of the epidemic, roughly 218,000 Black people in the U.S. have died of AIDS.[3]

Two Americas: AIDS and Race in the U.S.

The epidemic's disproportionate impact on Black America both reflects and magnifies longstanding racial inequities in health outcomes. Life expectancy among Black people in the U.S. is more than five years lower than among White Americans.[4]

INFANT MORTALITY IS 2.5 times higher among Blacks in the U.S. than among Whites.[5] More than one in five (21%) Black Americans lacked health insurance in 2006, compared to 10.8% of Whites.[6] These health disparities mirror socioeconomic inequities in the U.S. Median income in Black households was 61% of median income for Whites in 2006. The percentage of Black Americans living in poverty is nearly three times higher than among Whites. In 2008, Blacks were nearly twice as likely as Whites to be unemployed.[7]

AIDS and Black America: Global Comparisons

Were Black America a country of its own, it would rank sixteenth in the number of people living with HIV. The number of Black Americans living with HIV is greater than the HIV population of seven of the 15 focus countries for the U.S. government's President's Emergency Plan for AIDS Relief (PEPFAR). Outside sub-Saharan Africa, only four countries have HIV prevalence higher than the conservative 2% estimate for the Black population in the U.S.[8]

OVERALL HIV PREVALENCE among Black people in the U.S. is slightly less than half the estimated prevalence for sub-Saharan Africa as a whole. In some parts of the U.S., however, Blacks experience infection levels that are comparable to those reported in heavily affected countries. In nine postal codes in Detroit, Michigan, for example, HIV prevalence is equivalent to estimated national prevalence in Cameroon.[9]

IN NEW YORK CITY'S Manhattan borough, Black males between 40 and 54 years have a level of infection that approaches national HIV prevalence in South Africa.[10] In Washington, D.C., HIV prevalence in the capital of the worlds most powerful country exceeds HIV prevalence in Port-au-Prince, capital of the poorest country in the Western Hemisphere.[11]

A Diverse Epidemic

The epidemic in Black America is a microcosm of the global epidemic. Just as young people accounted for an estimated 45% of all new HIV infections globally in 2007, Black youth are at especially high risk of infection in the U.S. Together with Latino young people, Black youth accounted for 77% of new HIV infections among men who have sex with men in New York City in 2006.[12]

BLACKS REPRESENT ROUGHLY two-thirds of all prevalent and incident HIV infections among women in the U.S.[13] Studies in the U.S. have found that many women at high risk of HIV infection experience male-dominated power imbalances that make it difficult for them to negotiate condom use.[14] Between one-third and one-half of Black women surveyed report having been sexually abused, with higher levels of abuse reported among HIV-positive women.[15]

BLACK MEN ACCOUNTED for 35% of all new HIV infections in 2006 among men who have sex with men and represent nearly half of new HIV diagnoses among male injecting drug users.[16] Three-quarters of prevalent HIV infections among Black women were heterosexually acquired, as the epidemic in Black America has become increasingly generalized over the last two decades.[17] In New York State, HIV prevalence is six times higher among Black prison inmates than among their White counterparts.[18]

Impediments to Effective HIV Prevention

A number of factors impede efforts to prevent new infections among Black Americans. Although surveys indicate that Black Americans have higher-than-average levels of HIV awareness and concern about the

epidemic, the disease remains highly stigmatized in many communities. Widespread negative community attitudes regarding homosexuality make it difficult to implement effective prevention measures among Black men who have sex with men.

AS THE POPULATION at highest risk of infection, Black people also disproportionately suffer from the relatively low level of public-sector support for HIV prevention. According to the Henry J. Kaiser Family Foundation, HIV prevention activities account for only 4% of overall U.S. government spending on HIV/AIDS.[19]

A VARIETY OF policy obstacles also hinder HIV prevention efforts in Black communities. The U.S. government's ban on federal support for needle and syringe exchange, maintained over two decades, has forced local communities to rely on philanthropic foundations or state and local government support to implement this proven public health strategy. The U.S. government's preference for abstinence-focused sex education and HIV prevention programming for school-age adolescents also impedes the delivery of life-saving prevention information to Black adolescents, who are at disproportionate risk of becoming infected.

Delivering Care and Treatment

Although a variety of programs in the U.S. work to make HIV treatment widely available, Black people living with HIV have notably poorer health outcomes than their White counterparts. In New York City – home to one in seven reported AIDS cases in the U.S. – Blacks living with HIV had an age-adjusted death rate that was more than double the rate among HIV-positive Whites.[20]

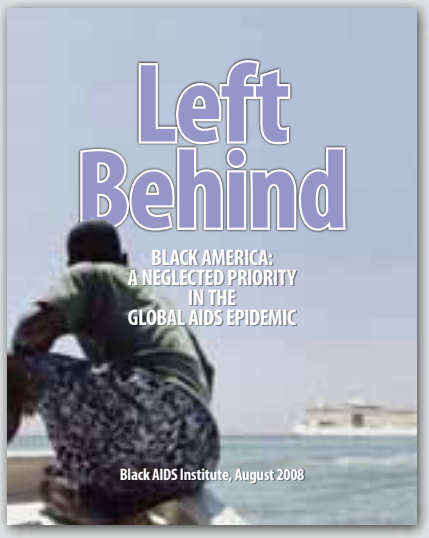
THERE ARE SEVERAL reasons why Black Americans are not benefiting equally from medical advances. For example, many Black people are diagnosed late in the course of infection. In 2006, 38% of Blacks who were diagnosed with AIDS in the U.S. received their HIV diagnosis within the prior 12 months.[21] According to surveys in six U.S. cities, Black men who have sex with men are eight times more likely to be unaware of their HIV infection than their White peers.[22]

MANY HIV-POSITIVE BLACK Americans also experience health conditions and life challenges that complicate their ability to adhere to treatment regimens. In New York City, for example, Blacks make up 62% of all HIV-infected homeless people.[23] The diminished political support for domestic AIDS programmes in the U.S. also impedes efforts to deliver effective treatment to low-income Black people living with HIV. Since 2004, funding has remained flat for the federal Minority AIDS Initiative, which aims to provide focused funding to address health care barriers in communities of color. In real dollars, funding for the federal Ryan White HIV/AIDS Program, which supports care and treatment programmes across the country, has declined this decade, forcing several states to impose waiting lists for antiretroviral drug availability or to implement cost-containment strategies, such as restricted formularies, that limit treatment access.[24]

Political Changes Bring New Hope

Recent months have brought signs of a renewed interest in domestic AIDS issues in the U.S. With assistance provided by the Black AIDS Institute, 12 leading national Black organizations and four historically Black colleges and universities have developed strategic AIDS action plans and committed to prioritize AIDS issues in their organizational activities.

DURING HIS SUCCESSFUL election campaign, President Barack Obama pledged a significant strengthening of federal efforts to address the domestic epidemic. "We are all sick because of AIDS – and we are all tested by this crisis," then-candidate Obama said in 2006. "[AIDS] is a test not only of our willingness to respond, but of our ability to look past the artificial divisions and debates that have often shaped that response." Obama pledged to create the country's first National AIDS Strategy, setting time-bound performance targets and mandating cooperation among the many federal agencies that engage in HIV-related activities. ■



The Black AIDS Institute's reports *Left Behind: Black America: a Neglected Priority in the Global AIDS Epidemic* and *Making Change Real* are available at www.blackaids.org.

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Françoise Barré-Sinoussi speaks at AIDS 2008. Photo: International AIDS Society/Mondaphoto

The IAS Applauds Governing Council Member Barré-Sinoussi's Receipt of Nobel Prize

The International AIDS Society's Governing Council and secretariat extend their heartfelt congratulations to Governing Council Member Françoise Barré-Sinoussi, who, with her colleague Luc Montagnier, won the 2008 Nobel Prize in Medicine for the discovery of HIV in 1983.

Professors Barré-Sinoussi and Montagnier share the 2008 prize with Harald zur Hauzen of the German Cancer Research Centre for his discovery that human papilloma viruses (HPV) cause cervical cancer.

"THE NOBEL COMMITTEE has rightfully acknowledged Prof. Barré-Sinoussi's contribution to science," said Dr. Julio Montaner, IAS President and Director of the BC Centre for Excellence in HIV/AIDS. "As her colleagues, we at the IAS also know that she is a strong advocate for people living with HIV, and is firmly committed to ensuring that basic and clinical HIV research has practical applications in today's world, particularly in low-income countries."

"THE IAS IS honoured to have Prof. Barré-Sinoussi serving on our Governing Council, and is proud to represent scientists and clinicians who are world leaders in HIV research, treatment and prevention," added IAS Executive Director Craig McClure. "Her research is one of many examples where rapid scientific advancement in HIV has improved the lives of millions of people." Prof. Barré-Sinoussi has been a member of the IAS Governing Council since 2006 and is one of five European representatives on the Council.

IN ANNOUNCING THE award, the Nobel Assembly at Karolinska Institutet recognized the significant impact the discovery of HIV has had on global health. The Assembly noted that the research conducted by Professors Barré-Sinoussi and Montagnier 25 years ago made rapid cloning of the HIV-1 genome possible, which has lead to improved understanding of HIV replication and how HIV interacts with its host. Their early research also set the stage for our current understanding of how to diagnose, prevent and treat HIV. "Never before has science and medicine been so quick to discover, identify the origin and provide treatment for a new disease entity," the Assembly said in its statement.

FRANÇOISE BARRÉ-SINOUSSI BEGAN working at the Institut Pasteur as a PhD student in the early 1970s. She is currently Emeritus Professor and heads the Institute's Retroviral Infection Control Unit. She is also Director of Research at the French National Institute for Health and Medical Research (INSERM) and President of the Scientific Board of the French National Agency for AIDS and Viral Hepatitis Research (ANRS).

AT THE INSTITUT PASTEUR, Prof. Barré-Sinoussi's team of around 20 scientists is currently working on how the virus is transmitted from mother to child, innate mechanisms that control HIV infection and HIV-related simian viruses that infect monkeys. This research may eventually contribute to the development of an anti-HIV vaccine or therapeutic approaches to targeting viral latency. In addition to her research, Prof. Barré-Sinoussi is actively involved in the Institut Pasteur's International Network and coordinates ANRS research programmes in Southeast Asia. Her work in low- and middle-income countries reflects a strong commitment to building capacity in areas where the epidemic has hit hardest and to the practical application of basic research.

IN AN INTERVIEW immediately following the announcement of the award, Prof. Barré-Sinoussi emphasized the importance of working as part of a global team of basic and clinical researchers located in labs, clinics and hospitals. She underscored how critical this team approach was to the early discovery of HIV and argued that it will continue to be an essential characteristic of successful research in the future. Indeed, following the announcement by Karolinska Institutet, both Professors Barré-Sinoussi and Montagnier acknowledged the early work of other HIV investigators, including Dr. Robert Gallo, who was at the time with the National Cancer Institute in the United States.

PROF. BARRÉ-SINOUSSI IS the author of over 200 original publications and more than 120 articles in books. She is the recipient of numerous national and international awards for her contributions to HIV/AIDS, and has been an Officer in the Order of the Légion d'honneur since 2006. In that same year, she was elected to the Women in Technology International Hall of Fame. Prof. Barré-Sinoussi is one of only eight women to have been awarded the Nobel Prize in Physiology or Medicine since it was first established in 1901. ■

Nobel Lecture Online

A video of Prof. Barré-Sinoussi's Nobel lecture, HIV: A Discovery Opening the Road to Novel Scientific Achievements and Global Health Improvement, is available online along with the lecture slides at *http://nobelprize.org/nobel_prizes/medicine/laureates/2008/barre-sinoussi-lecture.html*.

Clinical News

Bone Marrow Transplant Suppresses Viral Load in HIV-positive Recipient

In a recent case from Berlin, a bone marrow transplant from a donor with natural resistance to HIV to an HIV-positive recipient helped reduce the viral load in the recipient's blood in the absence of treatment with antiretroviral therapies.

IT HAS LONG been known that some individuals have natural resistance to HIV infection. These individuals lack part of a gene that is responsible for production of CCR5 proteins, which are necessary for HIV to infect cells. CCR5 is a so-called chemokine receptor and is expressed on the surface of some of the white blood cells in the immune

system, most predominantly on T4 cells, macrophages and dendritic cells.

AT THE 2008 Conference on Retroviruses and Opportunistic Infections (CROI), researchers presented the case of an HIV-positive man with leukaemia. Diagnosed with HIV in 1995, 11 years later the patient developed acute myeloid leukaemia (AML), a blood cancer in which white blood cells of myeloid lineage proliferate dramatically. This uninhibited increase in white blood cells can interfere with normal cell production, and result in a decrease in the number of red blood cells, platelets and normal white blood cells.

THE PATIENT, WHO was in need of a bone marrow transplant, received bone marrow from a matched donor doctors identified as having the CCR5 mutation and thus being resistant to HIV infection. Prior to the transplant, the recipient had to withdraw from all HIV treatment and undergo vigorous treatment to kill his own bone marrow cells.

ALMOST TWO YEARS after the transplant and without any HIV treatment during this period, HIV is undetectable in the patient's blood, brain or rectal tissues. The scientist concluded that this result indicates the donor's natural resistance to HIV may have been transferred to the recipient following the transplant.

IN SEPTEMBER 2008, the Foundation for AIDS Research (amFAR) convened a meeting for researchers to discuss the case. Although most believed the patient probably still has some HIV hidden in his body, they concluded that the virus most likely cannot proliferate because the target cells are lacking the CCR5 to allow HIV infection. The scientists also concluded that the patient is "functionally cured".

IN SPITE OF the remarkable result in this case, it is important to note that this is an isolated case. Bone marrow transplants are risky, painful procedures and the approach does not have the potential for widespread use. The case does, however, provide ideas for potential future application for gene therapy to treat HIV infection and further investigation is needed to shed light over the mechanism that appears to have made the transplant so successful. ■

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AIDS 2008 Award Winners | ANRS/IAS prize winners Maria Lorena Cabrera Ruiz, David Damba and Joyce Wamoyi
Photo: International AIDS Society/Mondaphoto

Special Recognition for Nine Young Scientists at AIDS 2008

Nine young scientists were the recipients of three prestigious scientific awards presented during plenary sessions at the XVII International AIDS Conference (AIDS 2008). The awards recognize young scientists involved in innovative HIV/AIDS research throughout the world.

- **IAS/ICRW Young Investigator Prize: Women, Girls and HIV/AIDS** recognizes a young woman investigator from a resource-limited setting whose abstract demonstrates excellence in research and/or practice that address women, girls and gender issues related to HIV/AIDS: *Paola E. Pérez Maldonado* (Mexico).

- **ANRS/IAS Prize** for research related to the scale-up of prevention and treatment services in resource-limited settings: *María Lorena Cabrera Ruíz* (Paraguay), *David Damba* (Uganda) and *Joyce Wamoyi* (Kenya).

- **IAS Young Investigator Awards** given to the top-scoring abstract in each conference track: *Tara Beattie* (United Kingdom), *Birgitt Dau* (USA), *Kenneth Gimbel-Sherr* (USA), *Richard Pearshouse* (Canada) and *Alastair Teague* (United Kingdom).

Further information regarding each of the awards, the award sponsors, and winners and their abstracts is available at: *www.iasociety.org/Default.aspx?pageId=110*. ■

An infant receives treatment for malaria at a clinic in Mali.
Photo: © 2007 Bonnie Gillespie, Courtesy of Photoshare

IAS 2009 Pre-Conference Meeting

Accelerating the Impact of HIV Programming on Health Systems Strengthening

The International AIDS Society, with funding from the Rockefeller Foundation, will convene up to 100 HIV and health systems researchers and implementers, experts in human resources for health care settings, health economists and other experts for a one-day, invitation-only meeting in Cape Town, South Africa, immediately preceding IAS 2009. The meeting will focus on the knowledge gaps and research agenda regarding the impact of HIV scale-up on health systems and leveraging HIV scale-up to strengthen weak health systems.

THE MEETING WILL include a review of the results from the 2008 Rockefeller-supported meeting "Leveraging HIV Scale-Up to Strengthen Health Systems in Africa" and discussion of subsequent progress and data. Relevant abstracts from IAS 2009 will also be presented, and a satellite meeting at IAS 2009 will report on the results of the pre-conference meeting. Proceedings and background materials from the Rockefeller meeting are available at: *www.columbia-icap.org/bellagio/goals.html* ■

The IAS Governing Council in Geneva in November 2008.

IAS Governing Council Plans for the Future

At its November 2008 retreat in Geneva, the IAS Governing Council (GC) examined the IAS' recent successes and challenges and laid the groundwork for future activities.

In convening the annual retreat, IAS President Dr. Julio Montaner highlighted the IAS' crucial advocacy role. He underscored the Society's credibility and its ability to use its conferences to articulate strong messages directed at political leaders, while reiterating the importance of the IAS urging world leaders to achieve the goal of universal access to HIV prevention, care and treatment by 2010. He also called for strong messages in support of additional vaccine research and greater investments in evidence-based prevention and treatment interventions.

THE RETREAT THAT followed included discussions focused on the IAS' broad strategic goals and themes, including the launch of a 12-month strategic planning process, along with more specific initiatives and topics. GC members reviewed the IAS' extensive efforts to lift short-term HIV-related travel restrictions and approved expanding work in this arena to include HIV-related residency, study and immigration restrictions.

IN RELATION TO IAS conferences, the GC reviewed the impact report from AIDS 2008, discussed planning and details of IAS 2009 and approved the process and timeline for selecting a conference venue for IAS 2013. They also directed the conference secretariat to develop a declaration of interest policy for conference speakers and committee members to ensure that they are explicit about affiliations and conflicts of interest. There were also discussions about how to ensure that IAS conferences attract and showcase the highest quality basic and social and political science research. The GC approved a revision to the International AIDS Conference Charter to include a provision aimed at securing harm reduction services at the conference. ■

Governing Council Launches Strategic Planning Process

AS A PART of its annual retreat, the IAS Governing Council (GC) inaugurated a 12-month process to develop a new strategic plan to guide the IAS from 2010-2014.

"It is a timely opportunity to reflect on the significant progress over the last five years, and consolidate and build on those successes," said Craig McClure, IAS Executive Director. "It's the right time for us to reach out to our partners, and together define a future agenda for the IAS that is in keeping with our unique role in the HIV response."

Setting the Scene

Many IAS achievements over the past few years reflect the course set for the organization in its current strategy, *Stronger Together, Strategic Framework: 2005–2009*, which was developed in the early stages of a period of significant growth and change for the organization. It outlined a number of goals, including expanding membership numbers and diversity, building regional partnerships, becoming a stronger voice on HIV policy issues, ensuring organizational stability and strengthening the impact of IAS conferences in the global response to HIV.

THE IAS' ROLE in that response has changed markedly since its move from Stockholm to Geneva in 2004 and the current strategy was developed. Membership has increased from 5,802 to more than 13,000 and has be-

come increasingly representative of all five regions (see Figure 1). The secretariat has also grown from a staff of three to 37, hailing from 15 countries. A significant part of this increase is the result of hiring in-house conference professionals rather than outsourcing the organization of conferences. Fundraising for policy and programmes has also allowed the IAS to expand its initiatives in the areas of education, regional partnerships, policy and advocacy, and networking and professional development.

Envisaging the Future: Strategy Development Process

The GC and the secretariat are both involved in the process to develop and refine the new strategy. The strategy development process will also include wide-ranging consultation, including key informant interviews and email and face-to-face consultations. The key stakeholders for consultation will include:

- IAS members
- international partners, including United Nations agencies, civil society and professional associations
- regional partners including regional AIDS societies and other organizations that play a role in regional conferences
- donors.

A MEMBERSHIP SURVEY conducted earlier this year with over 1,200 members participating also provides valuable feedback to inform the strategy.

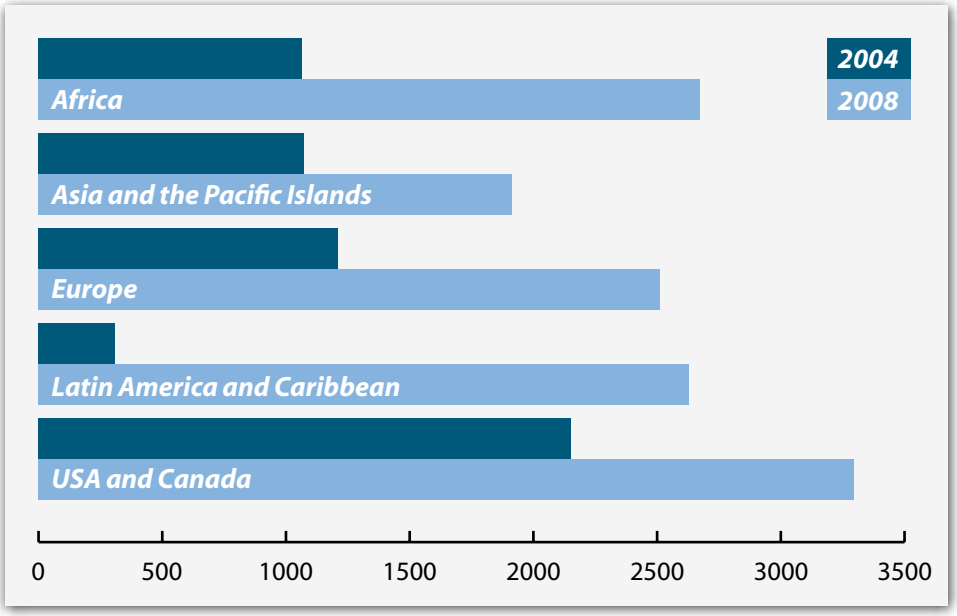
Progress to Date

The strategy process formally commenced at the GC retreat. During the retreat, the GC reviewed key achievements and challenges, discussed IAS' distinctive contribution to the HIV response, generated ideas for strengthening regional initiatives and explored their visions for what IAS can achieve by 2014. Following the retreat, the secretariat also held a special meeting devoted to discussing the IAS' future direction.

PILOT CONSULTATIONS WERE undertaken at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Senegal in December. The IAS' African members also attended a strategy consultation, co-chaired by IAS President-elect Dr. Elly Katabira and Executive Director Craig McClure, where the participants held a lively discussion about how the IAS can strengthen its regional work. A number of key informant interviews were also undertaken during ICASA.

CONSULTATIONS WILL CONTINUE in the coming months and future editions of the newsletter will include reports on the progress and opportunities for member input into the strategy development process. ■

Figure 1 - IAS Membership by Region, 2004–2008



Advice, Selection and Project Planning: Keys to Successful Scholarship Programme

IAS Education Coordinator Gurmit Singh offers insights into conference scholarship programmes and explains the IAS' efforts to share its expertise in this arena with its partners.

THE IAS MANAGES the International and Media Scholarship programmes for the biennial International AIDS Conference and IAS Conference on HIV Pathogenesis, Treatment and Prevention. The programmes provided over 800 scholarships for AIDS 2008 in Mexico City and expect to offer almost 200 to IAS 2009 in Cape Town.

ACCORDING TO IAS Operations Manager, Helen von Dadelszen, the scholarships greatly increase the global impact of conferences. "We seek to bring individuals most able to apply skills and knowledge acquired at the conferences in their workplaces and communities. We partner with each Conference Coordinating Committee and consult with multiple stakeholders to develop the selection criteria. The selection process is key to ensuring that the programmes reflect the conferences' goal of promoting the professionalism of those working in HIV and AIDS, particularly by expanding the participation of those affected by stigma and discrimination," said von Dadelszen.

"THE IAS MEETS scholars' needs from start to finish, through online application systems, answers to frequently asked questions, customer service, flight and hotel management, pre-departure guidance, and dedicated on-site support and mentoring.

"HAVING DEVELOPED A solid model for scholarship programmes over the last few conferences, we are now in a position to share our knowledge with others. The recent LIVING 2008: The Positive Leadership Summit and the 15th International Conference on AIDS and STIs in Africa are good examples of the IAS' support for partner events. I was invited by the event organizers to advise on planning and implementing their scholarship programmes, including selection criteria and processes. Through constructive dialogue, our partners avoided common mistakes in developing a scholarship programme, while building their staff capacity for the future," said von Dadelszen.

SCHOLARSHIPS ARE AN excellent opportunity to develop new IAS members and strengthen our global network of HIV professionals. In addition, scholars return to their communities reflecting the IAS values of professionalism, commitment to excellence, innovation and creativity. As the result of a thorough selection process, sound planning and extensive support, we ensure that conferences are an unforgettable event for scholars. ■

Participants received scholarship support to attend the IAS' training for young health care workers that took place prior to the 15th International Conference on AIDS and STIs in Africa in December.

AIDS 2008 Conference Hubs Reach Inmates in Mexico City Prisons

Six Mexico City prisons joined with 130 other sites in 49 countries to become AIDS 2008 conference hubs and bring the conference directly to those not attending.

Introduced at AIDS 2008, the hubs extended the conference's impact by screening live or recorded sessions to interested groups in remote locations and combining them with moderated discussions.

THE FIVE MALE and one female Mexico City prisons that participated have a combined inmate population of 36,931 and face public health concerns and violence common to overcrowding. Fifty-six percent of the inmate population is between the ages of 18 and 30, 41% are single, and 6% are in prison due to sexual misdemeanors. "Cabañas" – outdoor courtyard spaces divided by hanging blankets with foam pads on the floor – are popular in the male prisons. Tolerated by authorities and off limits to guards, the cabañas are rented by the hour for sex, either with visitors or other inmates. "Declared" homosexuals live in separate cells and inmates who request free condoms at the in-house clinics usually sell them at a high cost, making physicians reluctant to give away the limited supply.

PRIOR TO THE initiation of the hubs, there were 68 registered cases of HIV infection, 65 men and three women who live in special areas to guarantee proper care and an adequate supply of medications. Prison officials recognized AIDS 2008 as an opportunity to develop an intensive STD prevention programme to educate inmates, their families and the staff with the goals of reducing stereotypes and myths, and sensitizing inmates and their families to HIV issues so that they will seek voluntary HIV testing.

DURING AIDS 2008, conference posters were hung in the prisons and brochures were distributed to inmates and their families. The hub organizers selected nine, 90-minute session videos for screening after the conference. The sessions focused on harm reduction, sex between men, human rights, reducing vulnerability in prisons, sex and relationships, indigenous communities, women's rights, violence against women, criminalization, and sexual violence. The subject of greatest interest was sex between men. While a common practice among the prisoners, it is not talked about and the conference facilitated what will hopefully be a continuous and open dialogue.

IN AN EFFORT to make the hub activities more engaging, organizers planned to complement the sessions with movies, workshops and group exercises. However, the full sessions did not hold the inmates' attention and the organizers decided to use them as part of the established sexual health orientation programme operating in each prison. Starting in November, the programme coordinators began using segments of the sessions and engaged the smaller groups in discussions. The programme took place in a six-week period this past autumn, lasting one week in each prison and including HIV testing.

IN ADDITION TO the IAS, which provided contacts, materials and assisted organizers in selecting conference sessions, the hubs had support from five other partners:

- **"Condomovil"** provided condoms, literature, movies and safe-sex products.
- **Condesa Clinic** provided HIV testing and counseling.
- **Ministry of Health** performed pap smear and breast examinations and gave talks on STDs.
- **Population Service International (PSI)** gave workshops and group sessions on sexuality, sexual rights, sexual diversity and STDs.
- **Bodies 4 Diversity** installed a topical art exhibition.

THE EXPERIENCES OF two inmates, Miguel, 39, serving a sentence for homicide, and Claudia, a 39-year-old mother of two sons incarcerated for selling drugs, illustrate the value of the hub activities. Miguel, a health promoter who takes great pride in the responsibilities that make him feel useful for the first time in many years, reports that the conference videos have helped him to have a wider perspective on sexuality and HIV/AIDS.

CLAUDIA PARTICIPATED IN all the sessions to become better informed and share her knowledge with her sons and husband. She commented that the imprisoned women are abandoned by their families and many suffer from depression and/or have addictions, as well as self-destructive attitudes and behavioral patterns. Expressing her gratitude, she said, "Thank you for bringing us this information. Thank you for worrying about us. By being in this place, we are society's filth. You gave us information and attention."

MOVING FORWARD, THE organizers are building a permanent STD prevention and treatment programme with a focus on HIV/AIDS. The programme is generating greater involvement from the civil society and government institutions in promoting sexual and reproductive health education. For example, PSI is training and certifying inmates to disseminate STD information, as well as to sensitize the prison population. Additionally, each prison is establishing a support group for PLHIV with assistance from a team of psychologists, partner organizations and religious leaders. ■

March for Universal Action Now at AIDS 2008.
Photo: International AIDS Society/Mondaphoto

The IAS Talks with Professor Ivette Lorenzana de Rivera

IAS Governing Council Member from Latin America and the Caribbean

Ivette Lorenzana de Rivera has been a professor in the Department of Microbiology at the National University of Honduras (UNAH) since 1983 and, in 2004, became the first woman to receive the National Science Prize, the highest distinction from the Government of the Honduran Republic.

Professor De Rivera received her undergraduate degree from the same institution where she now teaches. She completed her Masters in Science at the State University of New York (SUNY) in Buffalo, New York. In addition to her more than 20-year teaching career at UNAH, Prof. De Rivera is a two-time recipient of the Fulbright Scholarship, has authored scientific publications with focuses on microbiology and AIDS, and was awarded as a Prominent Scientific Women from Medical School at UNAH in 2001.

Q: Professor De Rivera, how do you see your role as an IAS representative in Latin America and the Caribbean?

I consider my role as a very important and serious one that requires a primary understanding of how the IAS works and its worldwide impact, so that I may share the IAS mission and vision with the region I represent. This task is not an easy one. However, it is directly connected with the IAS' strategic plan, which includes among its main objectives increasing the organization's presence throughout the regions in coordination with local AIDS societies or their equivalents. I strongly believe that with further development of the IAS this task will be achievable in the near future. That being said, I see my main role as a representative of Latin America and the Caribbean as being able to involve more members from the region, not only as professionals working in AIDS, but as advocates for all other issues, believing that together everything is possible.

Q: Which of the IAS policy and advocacy priorities are most relevant for your region?

As in all regions of the world, each and every one of the IAS' policies and advocacy priorities are important. In my region in particular, I believe that health systems strengthening is the most relevant, followed by evidence-based interventions. The limited number of trained professionals and the lack of appropriate technologies represent major obstacles in the era of scaling-up and expanding antiretroviral treatment and care.

It is important in the region, as it is everywhere, to have the political will and commitment to assure that nations have sustainable programmes in place, from human rights to treatment and care for all people living with HIV.

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

There are a series of things that can be done and have already begun. To mention a starting point, the IAS should be more visible and ensure visibility of the organization and its representatives. This way, the roles and resources from the IAS can be made available to a larger population. I think that AIDS 2008 in Mexico helped to some extent to achieve these aims, but they still have to be maintained.

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

I would definitely and strongly advise participation in the IAS, not only because I am a GC member but because there is a lot to gain from being a member. The future holds even greater opportunities. Whatever your area of expertise is, if you work in the HIV/AIDS field, you should be involved not only to receive, but also to give. For example, at the AIDS conferences there are regional meetings with opportunities to meet your peers as well as to express your insights into common issues. ■

Jerusalem AIDS Project surgeons train professionals and educate clients on adult male circumcision for HIV prevention as part of an initiative to scale-up community-based services in Swaziland.
Photo: © 2007 Dr. Inon Schenker/Jerusalem AIDS Project, Courtesy of Photoshare

New Operations Research Track at IAS 2009 Bolsters Conference Goal of Translating Research into Practice

Though the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) will be the first of its kind to take place in Africa, it may feel like a coming home of sorts for many participants.

In 2000, Durban hosted the XIII International AIDS Conference, a watershed event credited with bringing global attention to AIDS in low- and middle-income countries, and setting the stage for the current call for universal access by 2010.

BY SELECTING CAPE TOWN as the host, the International AIDS Society (IAS) hopes the conference will be an opportunity for the international scientific community to focus its attention on the continued challenges facing a region with a generalized epidemic, and for participants to be reminded of the vibrant activism and innovation of South Africa's people. Though change is a given in the field of HIV, recent changes in South Africa's response to HIV have been truly remarkable, promising to contribute to a particularly dynamic conference.

IAS 2009 WILL continue the strong emphasis on basic, clinical and biomedical prevention science. The Basic Sciences track (Track A) will highlight advances in the understanding of HIV biology and the host response to the virus, including the processes underlying initial infection and the impact of these processes on viral transmission, the spread of HIV throughout the body, and the establishment and maintenance of viral reservoirs. Track B (Clinical Sciences) will highlight new research findings related to the diagnosis, natural history and management of HIV infection; the prevention, diagnosis and treatment of opportunistic infections; co-infections and other co-morbidities; and antiretroviral therapy and immunotherapy. Track C will focus on HIV biomedical prevention research and biomedical prevention interventions.

FOR THE FIRST time, the scientific programme will include a fourth track (Track D) on operations research. The new track further emphasizes one of the defining characteristics of the IAS conference: examining how scientific advances can be translated into practical interventions that respond to current challenges in HIV prevention, treatment and care, particularly in low- and middle-income countries.

ACCORDING TO TRACK D Co-Chair Dr. Jonathan Mermin of the US Centers for Disease Control and Prevention and based in Kenya, the introduction of the new track is an outgrowth of improved understanding of the science of operations research and its role in responding to HIV. Increasingly, scientists, clinicians and policymakers recognize that scientific discoveries and knowledge about effective interventions must be combined with a better understanding of how to translate this knowledge into practice. Operations research that documents how human and contextual factors, including infrastructure, influence the implementation and use of interventions has the potential to save both money and time: two resources that must not be squandered as the 2010 deadline for universal access fast approaches.

ANOTHER NEW FEATURE at IAS 2009 will be the introduction of a TB/HIV prize. The purpose of the prize is to stimulate basic, clinical and operations research in TB/HIV prevention, care and treatment by both young and established researchers. As in previous years, the IAS Young Investigator Award will be given to young investigators with the top-scoring abstracts in each track, and the IAS and French National Agency for AIDS and Viral Hepatitis Research (ANRS) will jointly award four prizes to young investigators from resource-limited settings whose research relates to increasing access to prevention and treatment in such areas.

SUBMITTED ABSTRACTS WILL undergo a blind, peer-reviewed process before the final selection of those to be presented is made in April by the IAS 2009 Scientific Programme Committee.

ONLINE REGISTRATION IS available at *www.ias2009.org* and participants are encouraged to register by 6 May to avoid a last-minute surcharge. Satellite meeting and exhibition space booking is also available online. The deadlines are 31 March for satellite meetings and 31 May for exhibition space. Visit the website for more information, including a list of confirmed plenary speakers and information about a number of exciting pre-conferences.

IAS 2009 WILL be held at the Cape Town International Convention Centre from 19–22 July. The conference is organized by the IAS in partnership with Dira Singwe, a local not-for-profit organization based in Pretoria. Dr. Julio Montaner, IAS President and Director of the BC Centre for Excellence in HIV/AIDS, is Chair of the conference and Dr. Jerry Coovadia, President of Dire Sengwe and Scientific Director of the Doris Duke Medical Research Institute at the University of KwaZulu-Natal in Durban, is Co-Chair. The last IAS Conference on HIV Pathogenesis, Treatment and Prevention, held in 2007 in Sydney attracted 5,500 participants from over 125 countries. ■

Photo:UNAIDS/L. Gubb

Time Running Out for G8 to Live Up to Universal Access by 2010 Commitment

Additional evidence of the exciting potential of HIV treatment as prevention increases need to frontload funding.

With 2010 fast approaching, the Group of 8 (G8) countries must act quickly to fulfill their financial commitments to universal access to HIV prevention, treatment, care and support.

THE IAS RECOGNIZES that the current global financial crisis puts pressure on government spending, and appreciates that the Group of 20 (G20), which includes the G8, have recently reaffirmed the importance of development assistance commitments previously made. "The significant progress to date in providing HIV treatment, care and prevention wouldn't have happened without donor funds," said Dr. Julio Montaner, IAS President and Director of the BC Centre for Excellence on HIV/AIDS. "Continued funding is essential to ensure we maintain the gains to date and achieve the ultimate goal of universal access."

SINCE THEIR GLENEAGLES meeting in 2005, G8 countries have repeatedly stated their commitment to universal access by 2010. Based on the G8's own reporting at its July 2008 meeting in Hokkaido, Japan, the IAS has calculated that G8 countries have, to date, pledged approximately US$ 22.2 billion specifically for global HIV programmes between 2008 and 2010. This amount is just 36% of the UNAIDS-estimated US$ 61 billion that is needed over this period.

THE IAS SUPPORTS the assessment made by UNAIDS that, in order to finance a strong HIV response in low- and middle-income countries, international donors – in particular, high-income countries – will need to mobilize approximately two-thirds of the total resources needed in the future. Based on historical funding patterns indicating that the G8 has covered about 80% of high-income countries' contributions to global AIDS spending, the IAS urges the G8 to contribute at least US$ 32.5 billion between 2008 and 2010.

"THE HIV FUNDING gap is contributing to the infection of an estimated 6,800 people and the death of around 5,500 people from AIDS-related illness every day," said Dr. Montaner. "Given all the technical hurdles to jump in the race to universal access, funding should be the easiest one. With the beginning of 2010 just one year away, the G8 must show true leadership and quickly pay its share."

Students of Government Model Senior Secondary School, Sector-46, Chandigarh, India, hold up a red ribbon banner to promote AIDS awareness
Photo: © 2007 Pradeep Tewari, Courtesy of Photoshare

MOUNTING SCIENTIFIC EVIDENCE is demonstrating the value of quickly frontloading funds to halt and reverse the spread of HIV. A recent modeling study by Granich et al. published 26 November in *The Lancet* demonstrates that nationwide annual HIV testing in South Africa, followed by immediate antiretroviral therapy for those who are HIV-positive and the continuation of proven prevention approaches, could virtually eliminate HIV transmission within a decade.

"THIS TREATMENT APPROACH buys two health outcomes with one product – the prevention of millions of new infections while maintaining a healthy quality of life for the millions currently living with HIV infection," said Dr. Montaner, who has published a number of analyses modeling the potential preventive impact of universal treatment coverage.

"THE MORAL CASE for universal access has been clear for some time, however, the financial case for treatment as prevention is now equally clear," stated Dr. Montaner. "More funds may be required today, but this will achieve enormous savings in the near future. The end of the HIV pandemic is within our grasp. There is no time to waste." ■

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A billboard in Gaborone, Botswana.
Photo: © 2007 Lee Mantini, Courtesy of Photoshare

African AIDS Conference Breaks New Ground

The 15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) was held in Dakar, Senegal, 3–7 December 2008.

The Society of AIDS in Africa, which organizes the biennial conference, estimated that close to 10,000 participants from 130 countries and representing diverse backgrounds and disciplines attended.

MOST OF THE major themes from the XVII International AIDS Conference (AIDS 2008) in Mexico City also emerged and were further developed at ICASA 2008, with an emphasis on their implications in the African context. In his plenary presentation, John Idoko of the University of Jos, Nigeria, reconfirmed the significant benefits of initiating HIV treatment early and referenced a number of treatment guidelines to this effect. However, he also noted that starting treatment early in resource-limited settings would exacerbate the already very low treatment rates by increasing the number of people requiring treatment without the resources to treat them.

JEFF O'MALLEY OF the UNDP reminded delegates that PLHIV and people perceived to be living with HIV, whether or not marginalized in other ways, suffer from grievous human rights abuses. Noting that there have been numerous success stories in Africa illustrating the benefits of promoting and protecting the human rights of marginalized populations, he highlighted a rights-based approach to HIV treatment that led to a significant increase in access and survival. He urged that HIV responses in Africa continue to build on successes demonstrating that lasting and sustainable changes must be built upon rights. In his speech at the closing session, IAS Executive Director Craig McClure said, "the battle to scale up HIV testing, treatment and prevention must put the battle for human rights at the centre." He added that "we must all work together to use the evidence at our disposal that criminalization of HIV exposure and transmission is bad public policy, contrary to public health and human rights."


Participants in the IAS' pre-conference education course for young health care workers on scaling-up treatment delivery programmes.

THE CONFERENCE PROGRAMME also addressed issues of vulnerable communities more openly and strongly than ever before. Many speakers noted the critical need for Africa to recognize that concentrated epidemics among men who have sex with men, sex workers and drug users are serious problems demanding acknowledgement and action. The issue of disability and HIV was also highlighted, beginning with a two-day pre-conference meeting followed by two conference sessions. Approximately 60 people with disabilities attended the conference.

SPEAKERS AND PRESENTERS repeatedly acknowledged that Africa's response to HIV/AIDS is challenged by its weak health systems, particularly its inadequate and poorly-equipped health work force and poor infrastructure. Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, recognized past and ongoing efforts to address this challenge. Professor Joep Lange of the Academic Medical Hospital in Amsterdam argued for health care reform in which government and the private sector work together. He also noted the need for the development of prepaid private insurance coverage for low-income people and commercial investments in healthcare delivery to play a major role in reform.

PROFESSOR SOULEYMANE MBOUP, Conference Chair, captured the conference's key theme of inclusiveness in his closing session remarks saying, "the response to HIV and AIDS must recognize the vulnerability of minorities and the importance of addressing this issue. Young people, sex workers, men who have sex with men, migrants, disabled people, women and girls - all minorities of the African melting pot – were involved, spoke up, and were heard at this conference. When their representatives approached us, we listened to them." ■

IAS Activities at ICASA

During ICASA, the IAS organized a number of activities, including:

- A special session on key outcomes of AIDS 2008 in the African context
- A one-day, pre-conference education course for young health care workers on scaling-up treatment delivery programmes
- Skills building workshops in English and French on abstract writing, monitoring and evaluation, the essential elements of a good scientific manuscript, and the peer review process
- A satellite session on research on women and children, sponsored by the IAS' Industry Liaison Forum (ILF)
- A booth in the exhibition area.

Materials from the abstract and scientific manuscript workshops are available at *www.iasociety.org/Default.aspx?pageId=266*. More information about the ILF session is at *www.iasociety.org/ilf.aspx*.

Shock at Senegalese Arrests

Despite progressive and encouraging human rights statements made during ICASA 2008, the world was shocked by the arrest of nine men on the basis of their sexual orientation days after the close of the conference. The Society of AIDS in Africa and the IAS attest that criminalizing sexual orientation has never been shown to reduce the transmission of sexually transmitted infections, including HIV/AIDS, and is an abuse of basic human rights.


Participants in the Yalta Summit

The IAS Convenes Summit on Expanding Access to Opioid Substitution Therapy in Eastern Europe and Central Asia

By Jacqueline Bataringaya

Achieving universal access to comprehensive HIV prevention, treatment and care by 2010 will not be possible in Eastern Europe and Central Asia (EECA) without changes in the strategy for addressing the needs of injecting drug users (IDUs).

Over 3.7 million of the world's estimated 16 million IDUs live in EECA.[1] The region's high prevalence of injecting drug use is a substantial public health challenge and an emergency that will continue to unravel. While most of the world's regions experience stable or declining HIV prevalence, EECA's HIV epidemic continues to expand rapidly. Injecting drug use accounts for 62% of the region's HIV epidemic, although the proportion may rise to 80% or higher in heavily affected countries like the Russian Federation.[2]

THE IAS CONVENED a scientific leadership summit of senior narcologists, psychiatrists and infectious disease specialists on 17–18 October 2008, in Yalta, Ukraine. Twenty-five delegates from Belarus, Georgia, Kazakhstan, Kyrgyzstan, Russian Federation, Ukraine and Uzbekistan attended. The summit's purpose was to mobilize action to expand access to opioid substitution therapy (OST) for IDUs. The primary objectives were reviewing the current state of HIV among the region's IDUs and the body of evidence supporting the use of OST, mapping access to OST and reviewing barriers to broader implementation. Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria and IAS Governing Council member, and Craig McClure, IAS Executive Director, co-chaired the meeting.

OST, USING METHADONE or buprenorphine, is recognized as one of the most effective interventions for treating drug dependence, and an important element of harm reduction and HIV-related services for IDUs. Regular OST use is associated with retention in treatment; reductions in illicit drug use, overall mortality and overdose; improvement in general health status and social functioning; and significant reduction in criminal activity. As a strategy for combating HIV, OST reduces HIV sero-conversion rates, slows long-term disease progression, increases adherence to antiretroviral therapy and provides opportunities for enhancing IDUs contacts with health and social support systems.[3] Despite such overwhelming evidence, as of 2007, less than 2% of IDUs in EECA countries with injection-driven HIV epidemics had access to OST.[4]

WHILE THERE HAS been recent progress in establishing pilot initiatives funded largely by the Global Fund, OST programmes in many countries are stuck in the pilot phase with flat or only slowly increasing participation rates. The summit highlighted the persisting challenges that prevent OST scale-up:

- Stigma against drug dependence is very high and there is limited public support for OST. (Where it has worked, high-level political support has been critical.)
- Available evidence supporting OST is poorly translated into national policies, regulations and laws. In many countries a serious disconnect exists between the evidence-based discourse of the scientific community and the perception of OST among policy makers, law enforcement agencies, the medical community and the general public.
- Law enforcement, burdensome regulations and counter-productive criminal justice strategies undermine HIV prevention efforts and interfere with the retention of IDUs in drug treatment and their access to OST.
- Criteria for entry into treatment and standards of care are burdensome and vary across the region. Overall health system constraints further undermine OST efforts.
- Major research gaps hamper efforts to set targets, measure progress and design operations research that can generate evidence of effectiveness.

THE DELEGATES MADE five major recommendations and urged health professionals and researchers throughout the world to support colleagues in the region to work together to overcome the barriers to expanding access to OST.

1. Urgently adapt global normative guidelines on HIV prevention among IDUs, including OST, to the regional context to support effective national policy development in EECA.
2. Expand language-relevant information dissemination on harm reduction and OST to the scientific, public health and clinical community in EECA.
3. Remove legal and regulatory barriers to expanding harm reduction programmes including OST, and support a paradigm shift from criminal justice to a public health approach to addressing opioid dependency.
4. Develop campaigns that educate the general public, policy makers, law enforcement, the media and community stakeholders about harm reduction and OST; fight stigma and promote the rights of people who use drugs.
5. Conduct operations research, and review policies and delivery systems to allow expansion of access to OST through practicing clinicians, HIV treatment centers and family doctors.

THE IAS' SUMMIT follow-up will include supporting regional networks of health professionals on OST and HIV, producing and disseminating Russian-language technical documents on OST, engaging international processes on drug policy, promoting scientific evidence on OST and calling for accountability through international AIDS conferences. ■

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Local NGO worker handing out leaflets to intravenous drug user at the Mytischi needle exchange outside of Moscow. Photo: UNAIDS/L. Smith

Used syringes collected at the Mytischi needle exchange outside of Moscow. Photo: UNAIDS/J. Spaull

In this Edition:

Venue for IAS 2013

The IAS welcomes interested conference venues, cities and potential local partners to send a letter of interest to become the location of the 7th IAS Conference on Pathogenesis, Treatment and Prevention (IAS 2013). Previous chosen locations have been Buenos Aires 2001, Paris 2003, Rio de Janeiro 2005, Sydney 2007 and Cape Town 2009.

The letter should be a maximum of two pages and describe why the venue and city should be chosen as location for this prestigious event.

Interested parties should address their letters to Mats Ahnlund, Conference Director, and be submitted before 1 April 2009. Inquiries and the letter can be sent to Jelena Milovic at jelena.milovic@iasociety.org. A decision will be made by the end of 2009.

IAS Announces TB/HIV Research Prize

The IAS is proud to launch the TB/HIV Research prize for the best TB/HIV abstract submitted to this year's 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention Conference (IAS 2009). The purpose of this new prize on TB/HIV research is to contribute to generating interest and stimulating research on basic, clinical and operations research in TB/HIV prevention, care, and treatment. It is hoped that this prize will act as an incentive for young and established researchers to investigate pertinent research questions that affect TB/HIV co-infection and operational effectiveness of implementing core TB/HIV collaborative services.

The winning abstract will be selected through a rigorous process of blind submission and peer-review, and the top scoring TB/HIV abstracts will be further reviewed by a steering committee of TB and HIV experts. The winner will be announced at the conference, and awarded a prize of US$ 2,000.

This new prize was established by the IAS Governing Council as part of the organization's effort to promote strengthened research on TB/HIV co-infection and scale-up of TB prevention, care and treatment services for people living with HIV.

AIDS 2008 Impact Report Launched

On World AIDS Day (1 December) last year, the IAS launched a report on the impact of the XVII International AIDS Conference (AIDS 2008). Held in Mexico City in August 2008, AIDS 2008 demonstrated both the enormous progress and outstanding challenges in the global response to AIDS as the 2010 deadline for universal access nears.

The Impact Report may be accessed online at www.aids2008.org. Printed copies are available from the IAS offices. If you would like to receive a printed copy, please email karen.bennett@iasociety.org

The IAS invites you to visit our website at www.iasociety.org or get in touch with us at: International AIDS Society HQ | P.O. Box 20, CH - 1216 Cointrin, Geneva, Switzerland | Phone: +41-(0)22-7100 800 | Fax: +41-(0)22-7100 899 | Our email address is info@iasociety.org | We are looking forward to hearing from you.

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