

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals. 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 and AIDS prevention, care and treatment, and updates on upcoming IAS conferences, please visit the website at www.iasociety.org.

Julio Montaner, AIDS 2010 Chair and IAS Immediate Past President, Michel Sidibé, UNAIDS Executive Director, and Kgalema Motlanthe, Deputy President, Republic of South Africa, demonstrate their support for a global recommitment to AIDS at the UNAIDS-IAS Town Hall Event at AIDS 2010.

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AIDS 2010 Advances Response at Pivotal Moment

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Message from the President

AS THE ONLY organization representing the worldwide community of HIV professionals, the International AIDS Society has a unique responsibility and power in the global AIDS arena. Through all of you, the IAS is in clinics, research institutions, service organizations and communities affected by HIV in more than 198 countries. Our effectiveness is rooted in your expertise and the collective power of your voices.

THERE IS MUCH important work to do in the two years of my presidency and your active engagement will be key to our success.

OUR PUSH FOR universal access to HIV prevention, treatment, care and support remains a central priority. As I noted in my inaugural address in Vienna, I do not want to be remembered as the IAS President who took office and saw the decline of universal access to HIV care in the world, particularly sub-Saharan Africa. We must continue to push for donor and

recipient countries alike to increase their contributions, and we must do more with the resources we have today.

ACHIEVING PROGRESS IS beyond my ability alone as the IAS President. Your leadership is also key to our success and I urge you to be active partners. Talk to your national leaders, your health and finance ministers, and your local government leaders. Take them to task and ask why there are drug shortages in your clinics. This is not just good advocacy for your patients and communities. It is work that will actively help to strengthen health systems for all by ensuring better and more accountable services.

AS WE LEARN more and more about the positive interaction of HIV programmes and strengthening health systems, we will expand collaborations to leverage the full potential of HIV resources. We must also actively support the continued scale-up of HIV treatment as prevention to help change the course of the epidemic.

ISSUES OF PROGRAMME scale-up are not merely technical matters requiring evidence of effectiveness to ensure implementation. We have learned from experience that responding to HIV is intensely political, and requires social mobilization and transformation. We must increase the focus on social and political science at our conferences so that the full weight of these disciplines can be brought to bear on the challenges at hand.

AS A COMMUNITY of HIV professionals, we must also be a strong and united voice for the human rights of our peers who are harassed and even arrested, merely for trying to implement accepted good practice.

AS I TAKE on the presidency of the International AIDS Society, I wish to express my gratitude to my predecessor, Dr. Julio Montaner, for his leadership over the past two years. The success of the XVIII International AIDS Conference was due in large part to his vision and hard work, and its programme reflected his efforts throughout his tenure to ignite a new wave of progress in the global response to AIDS.

THE SUCCESS OF any volunteer leader is closely tied to the staff and I am eager to work even more closely with the strong and professional team at the IAS secretariat. We are lucky to have Mats Ahnlund in the role of Acting Executive Director during this period of transition. An international search is now underway to fill that position permanently and those efforts will continue to be a top priority in the early months of my presidency.

BUILDING ON THE momentum of Vienna and with the opportunities before us, I believe we can make important strides during my tenure. I look forward to working as your partner in those efforts.

Elly Katabira
IAS President



Message from the Acting Executive Director

MY DEEP GRATITUDE goes to the thousands of you who contributed to the success of AIDS 2010. The conference was a pivotal moment in the global response to AIDS because of the power of the scientific data presented and the commitment of the leadership and delegates to face the greatest challenges before us. Conference Co-Chairs Julio Montaner and Brigitte Schmieid and the organizing partners and committees kept their focus on the conference's success over the past two years and it was a pleasure to work with them.

I ALSO WISH to thank the international and local secretariats, along with the thousands of volunteers, for the tireless efforts to ensure that delegates would find a welcoming,

well-organized conference that offered a rich programme with cutting-edge science and a diverse cultural experience.

MUCH OF AIDS 2010's success was rooted in the ability of the IAS to work effectively in partnership. Such partnerships and alliances have always been central to the IAS's work, primarily in organizing conferences. Moving ahead, we will seek to strengthen existing relationships and also build new ones as we press forward on our policy priorities and research promotion initiatives.

THE IAS HAS an important niche as a proponent of evidence-based HIV programmes and policies. We must also defend HIV health professionals when they are attacked or their work threatened by cuts in resources. As the convener of two major international HIV/AIDS conferences, we also have a special role in eliminating HIV-related restrictions on entry, stay and residence. (See page 11 for an update on our activities in this area.) On issues such as these, the IAS takes a leading role with our partners. On other issues, we work in alliance, knowing that our partners are better positioned to lead. In such areas, we

seek to be strong allies whose name and voice contribute to meaningful progress.

AS A MEMBERSHIP organization, our advocacy must be driven by you, our members. The issues we work on should reflect your priorities, and our programmes must engage you as active partners. For national or regional issues especially, the active engagement of IAS members makes our response much more powerful and sustainable. As your secretariat we are committed to ensuring that you have the information and tools you need to be active participants in our drive to support programmes and policies based on the evidence of what works.

NOW IS AN especially good time to get involved as the IAS Governing Council – your elected representatives – will conduct their annual review of the IAS policy priorities at their retreat in November. You can find the list of members of the Governing Council and the current policy priorities in the IAS Strategic Plan, 2010-2014, on the IAS website.

Mats Ahnlund
Acting Executive Director



Dmytro Sheremby of the All-Ukrainian Network of PLWHA speaks about his experience as a prisoner.
Photo: © IAS/Steve Forrest/Workers Photos

AIDS 2010 Advances Response at Pivotal Moment

THE XVIII INTERNATIONAL AIDS Conference (AIDS 2010) in Vienna, Austria was convened during a pivotal year for global health and development. It occurred a month after the Group of Eight (G8) and Group of 20 (G20)* Summits in Canada and in advance of the Summit on the Millennium Development Goals in September and the final meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria's Third Voluntary Replenishment in October.

GIVEN THE 2005 commitment by international leaders to achieve universal access to HIV prevention, treatment, care and support for all in need by 2010, the conference was also an opportunity to review progress toward that goal and highlight the scientific and programmatic evidence demonstrating how scaling up the AIDS response will contribute to achieving a number of global health and development goals. The role of Vienna – gateway to the East – as the AIDS 2010 host city ensured a focus on Eastern Europe and Central Asia, the region where the epidemic is expanding most rapidly.

*The G8 includes Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States of America, with a European Union representative participating as an observer. The G20 includes all G8 countries, in addition to Argentina, Australia, Brazil, China, India, Indonesia, Mexico, Saudi Arabia, South Africa, South Korea, Turkey and a European Union observer.

A REPORT ON the conference, *Advancing Evidence and Equity on HIV/AIDS: Report from the XVIII International AIDS Conference*, provides highlights from each of the three conference programmes: Science, Community, and Leadership and Accountability, including analysis of the implications of AIDS 2010 for research, policy and practice.

HIV and Human Rights

Speakers highlighted the conference theme, *Rights Here, Rights Now*, to illustrate the gap between rhetoric and reality on human rights in the global response to AIDS. In doing so, they noted the extent to which unfulfilled human rights commitments in both international law and the 2001 and 2006 UNGASS declarations are contributing to HIV transmission and reducing access to evidence-based HIV interventions.¹

EVIDENCE PRESENTED AT the conference, consistent with peer-reviewed scientific literature, illustrated the correlation between human rights violations faced by vulnerable populations – people who inject drugs, men who have sex with men, sex workers and prisoners – and poor coverage of HIV interventions and elevated HIV prevalence in both low-level and generalized epidemics.¹⁻⁷ Paula Akugizibwe's Opening Session address provided an overview of the structural barriers faced by these populations, noting "systematic marginalization precludes universal access. As long as we have violations of rights that are entrenched in punitive laws, we'll have access issues for key populations."⁸

A NUMBER OF speakers addressed the need for a rights-based response to the HIV epidemic as a prerequisite for success in achieving universal access and

Millennium Development Goal 6 – combat HIV/AIDS, malaria and other diseases.

A Call for Science-based Drug Control Policy

A coalition of groups, including conference organizers, released the Vienna Declaration in advance of the conference, calling for a science-based approach to illicit drug control.⁹ Leaders from science, multilateral agencies and civil society laid out a clear, evidence-based argument in the Vienna Declaration that the past 20 years of massive investments in a punitive, law enforcement approach to illicit drug control has not only failed to reduce drug trafficking or consumption, but has also benefited organized crime, fuelled drug market-related violence and incarcerated non-violent drug offenders in record numbers. AIDS 2010 included a number of sessions and discussions illustrating how the global "war on drugs" and related laws and law enforcement practices contribute to HIV transmission and present significant obstacles to delivering HIV prevention and treatment to people who use drugs.¹⁰

EVIDENCE PRESENTED AT the conference on the need to scale up evidence-based treatment interventions for people who inject drugs, including opioid substitution therapy (OST) and needle and syringe programmes (NSPs), was supported by a series of scientific papers in a special edition of *The Lancet* released in conjunction with AIDS 2010.¹¹⁻¹³ The situation is particularly problematic in Eastern Europe and Central Asia, where only 23% of people who inject drugs have access to antiretroviral therapy (ART) and where OST is illegal in Russia, the country with the region's largest number of people living with HIV.^{10,14} By the close of the conference, more than 12,725 individuals had signed the Vienna Declaration, including Sandra Elisabeth Roelofs, the First Lady of Georgia. (See box on page 5 for an update.)

Advances in Biomedical Prevention Research

Results of the groundbreaking CAPRISA 004 vaginal gel

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AIDS 2010 Local Co-Chair Dr. Brigitte Schmied.
Photo: © IAS/Steve Forrest/Workers Photos



Dr. Quarraisha Abdool Karim explains the use of the gel applicator to participants in the CAPRISA 004 vaginal gel microbicide trial.
Photo: © Cheryl Baxter, CAPRISA

microbicide trial were released at AIDS 2010. After 30 months of follow-up, an HIV incidence rate ratio of 0.61 indicated that the 1% tenofovir gel lowered the rate of HIV acquisition by 39%; in women with better than 80% adherence, the HIV rate was lowered by 54%.¹⁵ In demonstrating that a vaginal microbicide can protect women from HIV infection, CAPRISA is an essential first step to adding microbicides to the growing repertoire of effective prevention strategies. In a recent blog, Salim Abdool Karim and Quarraisha Abdool Karim, the study co-investigators, wrote, “for the first time in nearly three decades of research, we have a new technology, one that women can use and control, to prevent the sexual transmission of HIV.”¹⁶

AIDS 2010 Statistics

19,300 participants, including:

- 16,012 delegates
- 1,218 participants from Eastern Europe and Central Asia
- 848 scholarship recipients
- 1,276 media
- 770 volunteers
- 197 countries represented

FURTHERMORE, RESULTS OF modelling and cohort studies added to the evidence that universal access to ART can help stem the HIV epidemic by lowering viral loads – and thus HIV transmission – in people already infected with HIV. Among the evidence presented at AIDS 2010 was new data from the Swiss Cohort Study and a population-based study of ART coverage and HIV transmission in British Columbia, Canada.^{17,18} Treatment as prevention also gained backing from UNAIDS as pillar 2 in its Treatment 2.0 strategy, released immediately prior to the conference.

DR. JULIO MONTANER, AIDS 2010 Chair and IAS Immediate Past President, noted, “Additional evidence demonstrating the

potential use of antiretroviral drugs to prevent infections, coupled with other exciting scientific advances discussed this week, signals a potential new era in innovation.”¹⁹

No Resources, No Results: The Crisis in AIDS Financing

Amid growing concerns that the international community was retreating on its financial commitments required to meet universal access and health-related Millennium Development Goals, the conference provided a rich source of data on the impact that HIV investments are having. A 30-country UNAIDS analysis of HIV rates in 15-to-24-year-olds in Africa and the Caribbean recorded drops in HIV prevalence of greater than 25% in seven countries based on antenatal clinic data.²⁰

GLOBAL FUND EXECUTIVE Director Dr. Michel Kazatchkine noted that while a number of governments have pointed to the global economic situation as a rationale for flat-lining or – in some cases – reducing AIDS funding, the issue is less one of fiscal capacity than it is one of fiscal priorities. “Decisions on funding are political and political decisions are about choices,” said Kazatchkine.²¹ His statement was underscored in a presentation delivered by Cate Hankins, UNAIDS Scientific Officer. The presentation compared the US\$26.8 billion needed to meet universal access targets and save the lives of millions in the developing world with the US\$8 billion in 2008 bonuses for London’s financial sector and the almost US\$200 billion spent in 2008 on the war in Iraq.²² A report released by UNAIDS and the Kaiser Family Foundation in conjunction with AIDS 2010 and quoted widely in conference presentations indicated that for the first time in a decade global funding for AIDS had flat-lined between 2009 and 2010.²³

Eastern Europe and Central Asia

AIDS 2010 Local Co-Chair Dr. Brigitte Schmied opened the conference by noting

the unique challenges facing the AIDS response in the region: “In contrast to universal access here in Austria, in the neighbouring region of Eastern Europe and Central Asia, just 23% of people who are in need have access to antiretroviral treatment.”²⁴ Some countries, such as Ukraine, are scaling up access to OST and NSPs in response to its primarily injection drug use–driven epidemic. After ten years of consistent growth, the number of reported new cases of HIV among people who inject drugs in Ukraine has been decreasing since 2006.²⁵

THE ENORMOUS POTENTIAL impact of structural interventions that address systemic barriers to HIV prevention, care and treatment was also an important theme at the conference. One modelling study indicated that up to 19% of HIV infections among three Ukrainian cities could be prevented by eliminating police beatings of people who inject drugs, a human rights abuse that drives individuals away from health services, such as NSPs.²⁶ Unfortunately, a combination of misdirected and insufficient resources, along with opposition to harm reduction interventions, is resulting in ongoing infections in many countries. In a session on the HIV epidemic among people who inject drugs in Russia, Olga Blinova of the United Nations Office of Drugs and Crime, Russian Federation, noted that despite ongoing expansion of the HIV epidemic within this population (58,000 new HIV infections occurred among people who inject drugs in Russia in 2009 alone, an increase of 8% over 2008), OST is illegal and harm reduction programmes face significant political opposition and declining domestic financial support.²⁷

Detention and Incarceration: The Catastrophe in Prisons

In the first plenary at an International AIDS Conference on HIV and the related epidemics of TB and hepatitis C (HCV) within prisons, Manfred Nowack, UN Special Rapporteur on Torture, painted a grim picture of the challenges facing the 10 million prisoners worldwide. After six years of research he found evidence of torture in almost every prison setting, with approximately 60% of countries exceeding the capacity of their prisons, substantial numbers experiencing extended periods of pre-trial detention (over 60% of prisoners in some countries were in pre-trial detention) and data suggesting significant and overlapping epidemics of HIV, TB and HCV.²⁸

Towards a Cure

Data presented at the IAS pre-conference workshop Towards a Cure: HIV Reservoirs and Strategies to Control Them and at AIDS 2010 suggest that researchers can work toward eradication strategies both by refining current antiretroviral tactics



Representatives of the Condomize Project take part in a fashion show at the opening of the Global Village. The Global Village encompassed 279 activities, including 55 sessions, 95 NGO booths and 27 Networking Zones. Photo: © IAS/Steve Forrest/Workers Photos

(as in the studies of raltegravir and maraviroc), by developing new agents (such as auranofin) and by devising new approaches (such as activation of latently infected cells). Instead of trying to achieve a “sterilizing cure”, where all functionally important HIV-positive cells are eliminated from an infected individual, Prof. Françoise Barré-Sinoussi, who chaired the workshop, and colleagues proposed that more work should focus “on efforts aimed at achieving a functional cure” by combining already feasible strategies, including starting antiretrovirals during primary infection, refining antiretroviral intensification strategies, and exploiting immunomodifying agents such as interleukin.^{29,30} ■

Online Resources

Abstracts, slide presentations (some with linked audio) and webcasts are available through the Programme-at-a-Glance on the conference website at www.aids2010.org.

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Vienna Declaration Building Support in Lead-up to AIDS 2012

Since its launch as the official declaration of AIDS 2010 on 27 June 2010, the Vienna Declaration has been endorsed by over 17,000 people. Those signing include six Nobel Laureates, thousands of scientific experts, and law enforcement leaders, as well as former presidents Fernando Henrique Cardoso (Brazil), Ernesto Zedillo (Mexico) and César Gaviria (Colombia).

The Vienna Declaration is a scientific statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies.

In late summer, there was also an outpouring of support for it in Canada. Five chief provincial medical health officers, the Canadian Public Health Association and the Health Officers Council of British Columbia all signed on, as did the municipal governments of Toronto and Victoria.

“These actions are particularly reassuring given the Canadian Federal Government’s outright dismissal of the Vienna Declaration at AIDS 2010 and their preference for a tough-on-crime approach to the problems associated with illicit drug use,” said Dr. Evan Wood, founder of the International Centre for Science in Drug Policy and Chair of the Vienna Declaration Writing Committee.

“The war on drugs approach to illicit drug use fuels urban HIV epidemics and results in violence and increased crime rates, yet there is no evidence that drug prohibition has reduced rates of drug use or drug supply,” added Dr. Julio Montaner, the Director of the BC Centre for Excellence in HIV/AIDS, Chair of AIDS 2010 and Immediate Past President of the IAS.

The Georgian government also supported the Declaration with First Lady Sandra Roelofs, Deputy Chairman of Parliament George Tsereteli and Minister of Labour, Health and Social Affairs Irakli Giorgobiani signing. First Lady Roelofs stated that their signatures “reinforce our recognition that harm reduction can provide numerous benefits and highlight the need to design policies that align with emerging science.”

“Widespread endorsement of the Vienna Declaration to date clearly demonstrates to policymakers and lawmakers the growing public support for an alternative to drug prohibition based on sound public health and scientific evidence of what works,” said Dr. Wood.

Leading up to the XIX International AIDS Conference (AIDS 2012), the Vienna Declaration organizers are pursuing additional endorsements from organizations and policymakers at the local, national and international levels. Those who would like to be involved should email declaration@icsdp.org. Read the declaration and sign your name at www.viennadeclaration.com.



Meena Saraswathi Seshu delivered the Jonathan Mann Memorial Lecture at AIDS 2010. Photo: © IAS/Steve Forrest/Workers Photos

The Reality of a "Rights-based Approach": SANGRAM

Meena Saraswathi Seshu of India delivered the Jonathan Mann Memorial Lecture at AIDS 2010. Her accompanying post on the conference blog follows.

THE PHRASE "RIGHTS-BASED" approach flows easily into the speaking points and materials of many organizations and even governments when they talk about meeting the challenge of HIV. This is a good thing if the phrase really means something. But I am concerned that "rights-based approach" loses its meaning when people think that it's a matter of just inviting affected people to a meeting, or speaking kindly of them, or even just dropping the phrase "rights-based" into a mission statement.

IN MY PLENARY speech, I recounted the story of our work in SANGRAM* as an example of confronting HIV with human rights as a real – and not just rhetorical – everyday guide to action. There was nothing easy about our effort to make human rights more than an abstract framework, but achieving this goal is feasible. I know that we have learned lessons that can benefit HIV work in many settings and cultures.

THE JOURNEY OF our struggle is too rich to describe in this short blog, but let me try to highlight a few key elements.

WHEN I, AN educated, upper-class woman began to spend time with sex workers as a population "vulnerable" to HIV, I found that they were treated almost as non-humans

by society, and I could hardly fathom how they could live and work amidst so much social disdain and dismissiveness. I quickly realized that I knew nothing about them, their community or their work. But, as I learned by letting them teach me, amongst themselves they were not disempowered. They managed their work, their clients, their families and the community that they made for themselves. AIDS was a terrible threat in their world, but they only needed the right tools, and they would manage AIDS too.

SANGRAM Bill of Rights

1. People have the right to be approached with humility and respect.
2. People have the right to say yes or no to things that concern them.
3. People have the right to reject harmful social norms.
4. People have the right to stand up to and change the balance of power.
5. People have the right not to be "rescued" by outsiders who neither understand nor respect them.
6. People have the right to exist how they want to exist.

BUT INSTEAD OF listening to them, the AIDS establishment – led by well-intentioned health service providers and educators – wanted to teach them "client negotiation skills" and turn them over to the same health services that had always treated them with hateful abuse. It was ridiculous that anyone should think they could teach sex workers anything about clients. Rather, they needed basic information about preventing HIV and other sexually transmitted diseases, ready access to condoms and health services that would treat them respectfully. After much effort and some missteps, SANGRAM, the organization we formed, and VAMP, the sex workers collective that grew from it, achieved good health services for sex workers. Even more importantly, through our efforts, sex workers became not just patients but agents of health and HIV

information and services for themselves, their clients and the larger community. Within a few months we were reaching more than 5,000 women in 52 sites distributing 350,000 condoms per month. It is no exaggeration to say that sex workers led the charge against HIV in our villages and towns, and they largely won. Many lives have been saved because they mobilized their own power to beat this disease.

AS THEY TOOK control of the struggle against HIV, the sex workers also took more control of other elements of their rights and safety. Subjected to consistent police harassment, physical abuse by vigilantes, and at times violent "rescue" operations by outsiders, the women organized against this victimization. When I first knew the sex workers, as lower-caste women they did not feel they could enter the police station to make a complaint. After our years of struggle, the police, local officials and community and religious leaders regard SANGRAM and VAMP as a force to be dealt with honourably and respectfully. Sex workers changed the local power structure, and everyone in the community has benefited.

OVER TIME, I continued to be impressed by how this group of women understood that sex work was only one small piece of the AIDS challenge. It was through their initiative and insight that SANGRAM took on HIV prevention among rural women and young people for whom social and gender norms were a barrier to basic information about sexually transmitted diseases and safer sex. The public events we have organized to discuss these former taboos have transformed our communities, including bringing into the open the age-old problem of violence against women and girls. The sex workers also pushed SANGRAM to offer ground-breaking assistance to hijras and kothis – the horribly rejected men who have sex with men in our community – who now also are less hidden and less repressed.

THIS KIND OF struggle is never complete. But we continue to learn from each other, to work hard to respect and honour each other, and to help everyone in the community know that he or she has the right to be protected from HIV, from violence, from rejection and exclusion. I hope that our experience can be an inspiration for others. ■

Online Resources

Visit the AIDS 2010 Conference Blog at <http://blog.aids2010.org> to see a range of posts from partners, delegates and the secretariat.

* Based in Sangli district in Maharashtra state, SANGRAM responds to HIV/AIDS through a comprehensive strategy of prevention, access to treatment, care and support. It reaches sex workers and married women, clients, husbands and lovers, teenagers and truck drivers, migrants and men who have sex with men, orphans and widows, panchayat heads and policemen.

Town Hall Launches New Treatment and Prevention Paradigm

CALLING THIS A defining moment in the HIV epidemic, UNAIDS Executive Director Michel Sidibé said “It is time to do business differently” as he helped launch the UNAIDS-IAS Town Hall, Towards a Paradigm Shift in HIV Treatment and Prevention. One of the opening events of AIDS 2010, the town hall brought together scientists, political leaders and advocates to reinvigorate the global movement to achieve universal access to HIV prevention, treatment, care and support.

SIDIBÉ OUTLINED THE tenets of UNAIDS’ Treatment 2.0 strategy, a radically simplified HIV treatment platform that could avert 10 million deaths by 2025 and reduce new HIV infections by one-third if treatment is provided to all who need it. Central to the initiative are better combination treatment regimens, cheaper and simplified diagnostic tools and a low-cost, community-led approach to delivery, as well as a commitment to treatment as prevention.

DISCUSSING THE ROLE of treatment as prevention, AIDS 2010 Chair and IAS Immediate Past President Dr. Julio Montaner cited just-published data about



U.S. Representative Barbara Lee; Mphu Ramatlapeng, Minister of Health and Social Welfare, Lesotho; Rolake Odetoyinbo, Positive Action for Treatment Access; and Claudia Ahumada, World AIDS Campaign. Photo: ©IAS/Steve Forrest/Workers’ Photos

the more than 60% decrease in new infections in British Columbia over 15 years as treatment was scaled up. Dr. Montaner also stated that “there should be nobody being born with HIV today in this world. It is easy. We can do it. We should do it.”

SOUTH AFRICAN DEPUTY President Kgalema Motlanthe outlined his nation’s commitment to strengthening its AIDS response, including significant expansion of HIV testing and counseling, another pillar of Treatment 2.0. Motlanthe highlighted the importance of HIV programmes to achieving the health-related Millennium Development Goals and honored Nelson Mandela, whose 92nd birthday, coincided

with the event, “[we] honor his towering dignity...by taking the view that we must do more with investments we have today, and we must not cut back on investments for health under any circumstances.”

A PANEL OF prominent women from around the world discussed the importance of human rights to reshaping the response to AIDS (see photo) with Rolake Odetoyinbo of Nigeria noting that, “As a woman living with HIV, human rights to me means rights to life, rights to medications, rights to prevention services. There is no human rights if there is no funding to continue treatment. There is no human rights if a woman is unprotected.” ■

Postcard Campaign Targets Global Fund Replenishment

THE IAS USED the platform provided by AIDS 2010 to launch a postcard campaign focused on building support for the Third Voluntary Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Targeting five key donor countries – Canada, France, Germany, the UK and US – the postcards urged donors to increase their nations’ contributions to the Global Fund to ensure that the US\$20 billion requested for the replenishment is committed for 2011–2013.

THE \$20 BILLION would allow the Global Fund to continue funding existing programmes while supporting a significant scale-up of programmes that are performing well. Approximately 2,000 delegates signed the postcards during the conference and the IAS is mailing them to the heads of state in the target countries.

THE POSTCARDS WERE a part of the *Universal Access Now* campaign launched by the IAS in March to reinvigorate the drive for universal access to HIV

prevention, care, treatment and urge world leaders to their renew political and financial commitments to the universal access pledge. Full funding for the Global Fund’s replenishment has been one of the campaign’s key objectives.

THROUGHOUT SEPTEMBER AND early October, the IAS was actively engaged and lobbying to support the Global Fund replenishment, as well as the MDG Summit, which took place in late September. The IAS worked in collaboration with civil society organizations participating in a number of thematic working groups to develop a harmonized and effective advocacy message.

THE REPLENISHMENT MEETING took place on 4 and 5 October in New York City and was a critical opportunity for donor nations to ensure that recent momentum on the global AIDS response was not lost. The outcome, however, was disappointing with only \$11.7 billion committed. Without a fully replenished Global Fund, at least 3.1 million people in need of life-saving HIV treatment and more than 2.9 million in need of TB treatment will not have access. More than 490,000 mothers will not be provided with the treatment

to prevent transmission of HIV to their newborns. A fully-funded Global Fund could virtually halt mother to child transmission of HIV by 2015.

“THE GLOBAL FUND’S positive and wide ranging impact has been demonstrated repeatedly. I am discouraged by the apparent sidelining of global health and concerned that the substantial progress that has been achieved will be reversed because of a lack of political will and insufficient financial resources,” said Dr. Elly Katabira, IAS President. “The fight for universal access is far from over. Now, more than ever, we need to intensify our efforts.”

IN ADDITION TO these efforts, the IAS has launched a report on universal access outcomes at AIDS 2010. The report will provide a comprehensive outline of key achievements and progress related to reaching universal access and taking the pledge forward beyond 2010. ■

Online Resources

Visit the IAS blog at <http://blog.iasociety.org> for updates on the Global Fund’s Replenishment.



The pharmacy at the Baylor Pediatric AID Centre for Excellence, Lilongwe, Malawi
Photo: © UNAIDS/A. Gutman

Bridging the Divide: Interdisciplinary Partnerships for HIV and Health Systems

HIV and health systems implementers and researchers advanced common agenda at two-day AIDS 2010 pre-conference meeting.

SETTING THE STAGE for the meeting's proceedings, participants widely agreed that debates pitting HIV scale-up against efforts to expand investments in health systems strengthening and other health-related Millennium Development Goals (MDGs) are a false dichotomy and should be abandoned in favour of approaches that reinforce synergies.

THE MEETING'S GOAL was to foster interdisciplinary partnerships to leverage the experience and resources of HIV programmes towards strengthening health systems and expanding prevention, care and treatment of other priority health conditions. The International AIDS Society organized the meeting in collaboration with Columbia University's Mailman School of Public Health and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

THE MEETING CONVENED some 200 experts, policymakers and researchers from HIV and non-HIV sectors with multi-disciplinary expertise – including health systems, health economics, maternal and child health, and chronic

diseases. Discussions built on previous conferences that reviewed the impacts of HIV programme scale-up on the broader health system, including one prior to IAS 2009 in Cape Town and another, Leveraging HIV Scale-Up to Strengthen Health Systems in Africa, held in Bellagio, Italy in 2008.

IN HIS OPENING remarks, IAS Governing Council member Prof. Alan Whiteside of the University of KwaZulu-Natal emphasized that “we need to continue to think collectively across diseases, sectors and academic disciplines to address the huge challenges that remain.”

“What are the Divides?”

In her opening plenary address, Dr. Wafaa El-Sadr, Chair of the pre-conference steering committee, highlighted important

“divides” – the common barriers and challenges faced across HIV and other health MDGs where multi-disciplinary partnerships are needed to create a more unified approach to improving programme effectiveness, equity and efficiency and maximizing health outcomes. See the box below for examples of divides and possible negative consequences within a selection of health-systems building blocks central to HIV scale-up.

AMBASSADOR ERIC GOOSBY, U.S. Global AIDS Coordinator, noted that the critical piece that needs to be strengthened to bridge the divide is the convening role of country leadership in policy development and converging planning and resource allocation for increased accountability and improved outcomes.

Country Case Studies

Case studies examined early evidence on the interaction between the Global Fund's HIV investments with health systems in Ghana, Kenya and Malawi. The studies showed that there are no purely integrated or non-integrated programmes. Rather, there is a rich and complex mosaic of approaches towards integrating targeted interventions across other health priorities and with the health system. These approaches have mixed evidence of effectiveness. In analyzing the extent and nature of integration in the countries studied, participants agreed that integration should not be an end in itself, but a means to achieving the best outcomes for the local population as a whole.

The Evolving HIV Response

The participants acknowledged that global health was at a critical juncture in 2010 with a challenging financial environment, competing donor priorities and a stronger emphasis on linkages across health goals

Financing

Key divides

- Priorities of donors and recipients not always aligned
- Priorities of different donors not always coordinated
- Influence of donors on policy not always proportionate
- Funding timetables/cycles not always appropriate
- Public-sector stewardship of private sector not always robust
- Magnitude of out-of-pocket spending not always appreciated

Potential negative consequences

- Competition among programmes for funding
- Potential for both duplication and gaps
- Evaluation of individual programmes, not population health outcomes

Service Delivery

Key divides

- Divisions within international agencies
- Separate entities within ministries of health
- Divisions between facility-based and community-based services
- Divisions between health professionals and clients/stakeholders

Potential negative consequences

- Duplication of effort
- Gaps and inequities
- Limited impact

to improve value and outcomes. The HIV epidemic is undergoing an epidemiological and programmatic transition as well. HIV scale-up targeting a growing cohort of very sick patients who are initiating life-saving antiretroviral therapy is being combined with efforts to strengthen patient-centred service delivery models that offer chronic disease management.¹

EZEKIEL EMANUEL, A special advisor for health policy to the director of the White House Office of Management and Budget in the US, framed the issue by noting that we are at an important inflexion point where we must use evidence to ask ourselves what programmes would we target and strengthen because they are working well and what programmes would we eliminate.

From Emergency to Sustainable Programmes

“Managing the transition of HIV programmes from emergency action to a sustainable long-term response requires a paradigm shift in how we think about targeted investments and health systems,” said Prof. Rifat Atun from the Global Fund. “The way forward needs greater upstream harmonization and alignment of health system stewardship, financing and planning, as well as downstream optimization of health systems design and service delivery models that are best adapted to the local context.”

A CASE STUDY from Belize, for example, showed that valuable lessons can be learned from the experience of building health information systems for HIV. These included the need for greater coordination and alignment among different stakeholders, finding efficiencies in data generation and flow, and building the capacity to use data more effectively for wider health programme planning and improvement.

Maximizing Positive Synergies

Further insight into the challenges and opportunities for managing non-communicable diseases can be gleaned from the experiences of HIV scale-up in developing patient-centred models of care, engaging communities, supporting long-term treatment adherence and behaviour change, and delivering complex interventions through a public health approach. In Cambodia, a pilot project integrated a service-delivery model that provided HIV services along with management of diabetes and hypertension, with positive outcomes for patients.

EVIDENCE PRESENTED AT the pre-conference also showed that the HIV response had revitalized the role of community health workers as a strategy to address

long-term human resource bottlenecks in high-epidemic settings, with positive outcomes for communities. In countries such as Ethiopia and Malawi, these health workers are delivering not only HIV-specific services, but also broader primary health care. Similarly, countries such as Rwanda have successfully used HIV investments to enhance health care financing through expanding access to financial-risk-pooling mechanisms, promoting the goal of universal access to HIV care and treatment, expanding universal health coverage, including other priority health conditions, and improving performance of the overall health system.

Conclusion

The pre-conference participants concluded that future directions in health systems strengthening must draw on the fundamental ethical principle of “first do no harm”. This principle should guide continued investments in HIV and other disease-specific programmes and efforts to develop health systems’ capacity to improve equity and efficiency for all priority health programmes. In his closing remarks, IAS President Dr. Elly Katabira concluded that “the 25 years of experience in scaling up the HIV response are critical at this point to informing new investments geared towards achieving the health MDGs through improved health systems performance.” ■

References

¹ The World Health Organization announced in July 2010 that an estimated 5.2 million people in low- and middle-income countries were receiving life-saving HIV treatment at the end of 2009. See, www.who.int/mediacentre/news/releases/2010/hiv_treatment_20100719/en/index.html.

Online Resources

All presentations and a webcast of the entire meeting are available at: www.iasociety.org/Default.aspx?pagelid=405.

Partners Key to Success of AIDS 2012

With the July announcement of civil society and local partners for the XIX International AIDS Conference (AIDS 2012), the IAS and its permanent organizing partners took another key step in building the conference’s leadership team.

International Civil Society Partner

- Sidaction

Local (US) Community Partners

- Black AIDS Institute

- U.S. Positive Women’s Network

Local (US) Leadership Partners

- District of Columbia

Department of Health

- Office of National AIDS Policy

Local (US) Scientific Partners

- HIV Medicine Association

- National Institutes of Health

- To read more about the partners, visit

www.aids2012.org.

“**THESE PARTNERS WILL** be central to our efforts to build the conference programme and engage local and international stakeholders,” said Dr. Elly Katabira, AIDS 2012 Chair and IAS President. “These organizations demonstrated their commitment and ability to be active, contributing members of the organizing team and we are extremely pleased to have them on board.”

THE PERMANENT PARTNERS are the Global Network of People Living with HIV (GNP+), the International Council of AIDS Service Organizations (ICASO), the International Community of Women with HIV/AIDS (ICW) and the United Nations Joint Programme on HIV/AIDS (UNAIDS). AIDS 2012 will be held in Washington, D.C., in July 2012. ■



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The IAS Moves Ahead with Social and Political Science Agenda

The social and political sciences and the humanities offer a diverse array of methodologies and approaches that bring insight and identify solutions for some of the most challenging and longstanding obstacles to implementing effective HIV/AIDS programmes and policies.

THE IAS HAS always included members across a wide range of disciplines, and sought to represent the social and political sciences and the humanities in its conferences and activities. There is an emerging consensus, however, that these efforts have not always been successful and there is the danger of an approach too focused on biomedical issues and overlooking the significance of social, political, cultural and economic factors in the epidemic. Indeed, a number of social scientists have been vocal in their criticism of the perceived biomedical bias in the IAS.

"THERE IS AN IRONY that people perceive the IAS as a largely biomedical organization when much of our work is directed to political advocacy," noted IAS Governing Council member Prof. Dennis Altman of La Trobe University, Melbourne, Australia. "We need to better draw on research skills in the social and political sciences to improve our core business."

NOTING THESE CONCERNS, the IAS Governing Council appointed a working group after the XVII International AIDS Conference (AIDS 2008) in Mexico City to consider these issues and the group's efforts led to some progress at the XVIII International AIDS Conference (AIDS 2010) in Vienna.

AMONG THE INITIAL outcomes of the working group process was the production in 2009 of the IAS-commissioned report *The State of Social and Political Science Research Related to HIV*, which sought to articulate the challenges and identify solutions to raise the profile of social and political sciences in the work of the IAS.

DURING AIDS 2010, more than 30 social and political scientists gathered to discuss the report and its recommendations and identify ways to implement its most important recommendations. Chaired by Prof. Altman, the meeting identified a number of priority areas to address in the lead up to the next International AIDS Conference in 2012. Those present agreed to pursue the following actions:

- propose inclusion of tracks addressing social and political science in the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention in 2011
- propose a re-evaluation of the IAS track system to allow for meaningful incorporation of social and political sciences and the humanities
- ensure inclusion of these sciences and disciplines in all areas of conference management, design and implementation

- improve communication and continuity between conference committees and IAS members representing these disciplines
- review the abstracts submission processes and criteria used for abstract review and assessment.

THEY ALSO ESTABLISHED a working group chaired by Prof. Susan Kippax of the University of New South Wales to develop a set of proposals for consideration at the IAS Governing Council's retreat in November 2010.

FURTHER PROGRESS TOWARDS the greater engagement of political scientists in the HIV response and the International AIDS Conference was made with the inaugural meeting at AIDS 2010 of an advisory committee for a proposed workshop on political sciences to be held in 2011. The aim of the workshop would be to build engagement of political scientists and increase the profile of the discipline in AIDS 2012 in Washington, D.C. A joint initiative of the IAS and UNAIDS, *Thinking Politically*, is led by Prof. Altman on behalf of the IAS and Dr. Kent Buse for UNAIDS. The aim of the workshop would be threefold:

- generate a better representation of political science in the IAS, especially in AIDS 2012
- support for more political science scholarship related to HIV and AIDS
- support/mobilize the political science community to build the capacity of the AIDS response through, for example, building networks of interested political scientists.

THE ADVISORY COMMITTEE currently comprises nine members from Africa, Asia and the Pacific Islands, Europe, Latin America and North America working primarily in the field of political science. The meeting identified a set of aims and objectives for the workshop, identified potential venues and suggestions for expanding the advisory committee membership, and began the process of constructing an engaging and provocative agenda for the meeting.

"WITH THE ACTIVE engagement of the IAS membership, we have identified the barriers to better integration of these disciplines into our work and we are moving forward with a proactive agenda to overcome them," said Alan Brotherton, IAS Director of Policy and Communications. ■

Online Resources

The IAS-commissioned report *The State of Social and Political Science Research Related to HIV* is available at www.iasociety.org/Default.aspx?pagelid=147.



A migrant worker from Burma who is living with HIV shows her migrant work permit for Thailand. The work permit means having to pass medical examinations and pay approximately US\$100 in fees; most migrants and their employers don't bother applying for this papers and work illegally. Photo: © UNAIDS/O. O'Hanlon

New Toolkits for Advocates Working to Lift HIV Restrictions

“I call for a change in laws that uphold stigma and discrimination – including restrictions on travel for people living with HIV.”
– Ban Ki-moon, UN Secretary-General, UN High Level Meeting on AIDS, New York, June 2008

THE IAS IS producing two civil society advocacy and action kits to support organizations combating HIV-related restrictions on entry, stay and residence, which remain in place in some 67 countries.¹

THE ISSUE OF entry and residence restrictions based on HIV status has attracted more global attention recently with large and influential states such as the United States and China lifting their HIV-specific border and immigration restrictions after many years of advocacy and international scrutiny. The restrictions are now widely recognized as outdated and unnecessary, as well as an indicator of governments' problematic broader responses to HIV, signalling responses based on ignorance and fear, rather than on evidence and human rights protections.

BASED ON RESEARCH and interviews with activists and advocates, the toolkits will provide practical information and advice to support civil society advocacy efforts. The first of the kits will support civil society organizations working to remove HIV-related restrictions on entry, stay and residence in their own country. The second

kit will provide advice to civil society organizations on how to change HIV-related restrictions for migrants in destination countries. Using case studies and lessons learned from successful initiatives, the kits will provide advice on developing advocacy strategies, including research, political engagement, coalition building and campaigning.

“**WE HAVE HAD** important successes recently in removing some of these restrictions in high-profile locations, but there are still far too many places where HIV infection is a barrier to free movement,” said Mats Ahnlund, Acting Executive Director of the IAS. “Our new toolkits will ensure that the lessons learned from recent victories become organizing tools for those still fighting these unsound restrictions.”

THE IAS HAS also developed a shorter version of the 2008 report of the UNAIDS-led International Task Team on HIV-related Travel Restrictions to support the toolkits by providing the key arguments in an accessible format. In its review of the issue in 2008, the Task Team found that HIV-related restrictions are discriminatory, do not protect public health and violate human rights. The team made a number of strong recommendations including calling on “all States with HIV-specific restrictions on entry, stay and residence, in the form of laws, regulations, and practices, including waivers, [to] review and then eliminate them, and ensure that all people living with HIV are no longer excluded, detained or deported on the basis of HIV status.”²

AN INCREASING NUMBER of international organizations, notably UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have followed the lead of the

IAS and adopted policies of not holding high-level meetings and conferences in countries with HIV-related restrictions on entry, stay and residence. Such policies are important for drawing global attention to these restrictions and placing international pressure on governments to remove them.

THE TASK TEAM report also emphasized the vital role of civil society organizations in the removal of HIV-related restrictions. That finding was borne out by the recent removal of HIV-related restrictions in the US, China and Namibia, which were due largely to concerted advocacy and action from civil society organizations at the local, national and international levels.

A NUMBER OF sessions at the XVIII International AIDS Conference took advantage of the growing body of knowledge and resources in this area, profiling the work of activists, advocates and organizations working to remove the restrictions. The IAS-convened session “Change your Country’s Discriminatory Laws: How to Advocate for Removal of HIV-specific Travel and Residence Restrictions” featured advocates sharing and learning from the experiences in the US and Namibia, along with presentations from the International Organization for Migration and UNAIDS.

NANCY ORDOVER FROM the US-based Coalition to Lift the Bar highlighted the importance of knowing all the arguments, noting that “to achieve the change in the US, we needed to engage the public health and economic dimensions. We needed to be armed with the facts.” Michaela Clayton of the AIDS and Rights Alliance for Southern Africa spoke about using advocacy opportunities in Namibia, stating, “We seized the opportunities to put international pressure on our government. Having good relationships with decision-makers is also important.” Learning from these advocates is critical for activists and advocates who are working to lift restrictions in the countries where such outdated discriminatory practices remain. ■

References

¹ Current as of August 2010. For an up-to-date source on HIV-related restrictions on entry, stay and residence, visit the Global Database on HIV-related Travel Restrictions at www.hivrestrictions.org.

² Report and Recommendations of the International Task Team on HIV-related Travel Restrictions. Geneva, UNAIDS, 2009. http://data.unaids.org/pub/Report/2009/jc1715_report_inter_task_team_hiv_en.pdf.

Online Resources

For more information on travel restrictions and the current status in your country, please visit the website www.hivrestrictions.org.



Winners of the Creative and Novel Ideas in HIV Research awards.
Photo: ©IAS/Steve Forrest/Workers' Photos



Jacques Norman, Director of the NIDA AIDS Program and Julio Montaner with IAS/NIDA fellows Elena Dukhovljinoja, Adhi Nurhidayat, Brandon Marshall, Jonathan Claude Ipser, Shusen Liu and NIDA Director Nora Volkow.
Photo: ©IAS/Steve Forrest/Workers' Photos

Fellowships and Awards Promote Innovative Research

The IAS and its partners presented fellowships and awards at AIDS 2010 to encourage novel research and recognize researchers making important strides in their fields of study.

Grants for Creative and Novel Ideas in HIV Research

Among the highlights of AIDS 2010 was the announcement of the first 10 recipients of the new joint research grant programme: Creative and Novel Ideas in HIV Research (CNIHR). Designed to promote innovative research and new ideas from early stage investigators whose primary focus has previously been in fields of scientific inquiry other than HIV/AIDS, the CNIHR grants are funded by the IAS in partnership with the U.S. National Institutes of Health (NIH) and the NIH-supported, US-based Centers for AIDS Research (CFARs).



Julio Montaner and Lorraine Sherr, CCABA Steering Committee member with award winner Priscilla Akwara.
Photo: ©IAS/Marcus Rose/Workers' Photos

"IT IS CRUCIAL to bring a new generation of researchers with novel approaches into the HIV field, and this programme reflects the commitment of the IAS and our partners at NIH to that cause," said Dr. Elly Katabira, IAS President.

THE GRANTS AIM to advance the scientific understanding of HIV and support new approaches to answer pressing scientific questions on issues such as the long-term survival of individuals with HIV infection and new approaches to the prevention of HIV transmission. They total US\$3.4 million and will fund research projects for up to two years.

Grantees

Joseph Brown, UK, Lecturer, London School of Hygiene and Tropical Medicine
Project: environmental health and HIV/AIDS in rural South Africa
CFAR mentor: Charles van der Horst, University of North Carolina, Chapel Hill

Denise Evans, South Africa, Medical Doctor, Clinical HIV Research Unit Medicine, University of the Witwatersrand, Johannesburg
Project: low-cost monitoring of HIV in resource-limited settings
CFAR mentor: Christopher Mathews, University of California, San Diego, Owen Clinic

Kelly Lee, USA, Assistant Professor, University of Washington
Project: resolving the core protein skeleton of the HIV Env glycoprotein spike
CFAR mentor: Shiu-Lok Hu, University of Washington, Washington National Primate Research Center

Justine Mintern, Australia, Career Development Award Fellow, Walter and Eliza Hall Institute of Medical Research, Melbourne
Project: combating virus infection with BST-2
CFAR mentor: Bali Pulendran, Emory University, Atlanta

Bradley Nilsson, USA, Assistant Professor of Chemistry, University of Rochester
Project: probing the structure and function of semen enhancer of HIV infection
CFAR mentor: Stephen Dewhurst, University of Rochester

Clovis Palmer, Jamaica, Post Doctoral Fellow, Burnet Institute, Melbourne
Project: novel approaches to study T-cell metabolic dysfunction and immune response during HIV infection
CFAR mentor: Joseph Mike McCune, University of California, San Francisco

Manu Platt, USA, Assistant Professor, Georgia Institute of Technology
Project: cardiovascular disease & HIV-1: vascular biomechanics and remodeling
CFAR mentor: Roy Sutliff, Emory University

Isabel Sada-Ovalle, Mexico, Medical Researcher, Instituto Nacional de Enfermedades Respiratorias, Mexico City
Project: a novel pathway to induce killing of Mycobacterium tuberculosis in HIV+ patients
CFAR mentor: Marylyn Martina Addo, Ragon Institute of MGH, MIT and Harvard, Boston

Amit Singh, India, DBT/Wellcome Trust Intermediate Fellow, International Center for Genetic Engineering and Biotechnology (ICGEB), New Delhi
Project: measuring intracellular redox potential of HIV-1 infected macrophages
CFAR mentor: Rafi Ahmed, Emory Vaccine Center and ICGEB-Emory Vaccine Center

Kim Woodrow, USA, Assistant Professor, University of Washington
Project: multifunctional nanoparticles as a combination microbicide to prevent mucosal transmission of HIV
CFAR mentors: M. J. McElrath, Florian Hladik and Patrick Stayto, University of Washington/Fred Hutchinson Cancer Research Center

Fellowship Encouraging HIV and Drug Use Research

The IAS and the National Institute on Drug Abuse (NIDA) at the NIH also awarded their second annual joint research fellowships to advance the scientific understanding of the linkage between illicit drug use and HIV, while fostering multinational research.

2011 IAS/NIDA Fellowships

Applications for 2011 open on 8 December and close on 10 February 2011. For more information, visit www.iasociety.org/Default.aspx?pagelid=288.



Jean-Francois Delfraissy, ANRS Director with Young Investigator Award recipients Khalil Elouardighi, Gesine Meyer-Rath, Michaela Leslie Ruth, Joseph Larmarange, Gabriel Chamie, Stephanie Planque and Julio Montaner, AIDS 2010 Chair and IAS Immediate Past President.
Photo: ©IAS/Steve Forrest/Workers' Photos



Julio Montaner, Annie Lennox, singer/songwriter and Founder of SING, Naina Rani Mangalore and Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health.
Photo: ©IAS/Steve Forrest/Workers' Photos

“THE INTERSECTION OF drug use and HIV is an area of tremendous importance in tracking, responding to and slowing the global HIV epidemic,” said NIDA Director Dr. Nora D. Volkow. “The ongoing partnership between NIDA and the IAS seeks to support and highlight outstanding research efforts that will bring us closer to effective and humane responses to these closely linked epidemics.”

THE US\$75,000 FELLOWSHIPS are awarded to junior scientists for 18 months of post-doctoral training and to well-established HIV researchers for eight months of professional development, both at institutes excelling in research on illicit drug use and HIV.

Grantees

Elena Dukhovlinova, Russia

Project: genetic divergence of transmitted HIV-1 strains among newly and recently infected injection drug users of St. Petersburg, Russia
Mentor: Ronald Ivar Swanstrom, University of North Carolina at Chapel Hill

Jonathan Claude Ipser, South Africa

Project: executive function and frontostriatal deficits related to HIV and methamphetamine use
Mentor: Igor Grant, University of California, San Diego

Shusen Liu, China

Project: evaluation of AIDS/STD transmission risks among patients in methadone maintenance treatment clinics in China
Mentor: Zunyou Wu, National Center for AIDS/STD Control and Prevention, China

Brandon Marshall, Canada

Project: structural vulnerabilities to injection drug use and HIV infection among marginalized young people using complex systems modeling and social epidemiology
Mentor: Sandro Galea, Mailman School of Public Health, Columbia University, New York

Adhi Nurhidayat, Indonesia

Project: risky behaviors and psychiatric symptoms among HIV-infected drug users at three hospitals in Jakarta, Indonesia
Mentor: David Metzger, Penn Center for AIDS Research, Philadelphia

IAS/ANRS Young Investigator Awards

Jointly funded by the IAS and the Agence Nationale de Recherche sur le SIDA et les Hépatites Virales (ANRS), the US\$2,000 awards are given to presenting abstract authors age 35 and under who demonstrate innovation, originality, rationale and quality.

Track A: Basic Science

Stephanie Planque, USA, Prototype covalent HIV vaccine for inducing antibodies that neutralize genetically divergent virus strains

Track B: Clinical Sciences

Gabriel Chamie, USA, TB microbiologic and clinical outcomes in a randomized trial of immediate vs CD4 initiated antiretroviral therapy (ART) in HIV+ adults with high CD4 cell counts

Track C: Epidemiology and Prevention Sciences

Joseph Larmarange, Mali, Mapping HIV prevalence in Africa for a better understanding of epidemics: example from Burkina Faso using 2003 demographic and health survey data

Track D: Social and Behavioural Sciences

Michaela Leslie-Rule, USA, The language of love: Tanzanian women define intimacy, sexuality and violence in the 21st century

Track E: Economics, Operations Research, Care and Health Systems

Gesine Meyer-Rath, South Africa, Total cost and potential cost savings of the national antiretroviral treatment (ART) programme in South Africa 2010 to 2017

Track F: Policy, Law, Human Rights and Political Science

Khalil Elouardighi, France, Biogeneric development: when trade secret law clashes with research ethics

HIV Reservoirs Workshop

Patricia Monteiro, Canada, Peripheral blood CCR4+ CCR6+ and CXCR3+ CCR6+ CD4+ T cells are highly permissive to HIV-1 infection

The Women, Girls and HIV Investigator Prize

Offered jointly by the IAS-Industry Liaison Forum and UNAIDS, and supported by the International Centre for Research on Women and the International Community of Women Living with HIV/AIDS, the US\$2,000 prize was awarded to **Naina Rani Mangalore**, India, for her abstract, Mainstreaming the Prevention of Parent to Child Transmission (PPTCT) Program with the National Rural Health Mission (NRHM): Experiences from Southern India.

Prize for Excellence in Research related to the needs of Children Affected by AIDS

The US\$2,000 prize is offered by the IAS and the Coalition on Children Affected by AIDS and was awarded to **Priscilla Akwara**, USA, for her abstract, Who is the vulnerable child? Using survey data to identify children at risk in the era of HIV and AIDS.

IAS TB/HIV Research Prize

Katherine Todrys, UK, received the award for her abstract, HIV and TB management in 6 Zambian prisons demonstrate improved but ongoing prevention, testing, and treatment gap. ■



Katherine Todrys receives her award from Papa Salif Sow, IAS Governing Council member.
©IAS/Marcus Rose/Workers' Photos



The IAS Talks with Alexey Bobrik, IAS Governing Council Member from Europe

Dr. Alexey Bobrik graduated from Tver Medical Institute in Tver, Russia, and after several years of clinical practice in a district hospital and specialization in venereology and post graduate studies, he earned a PhD from the Central STI Institute, Moscow, and a Master of Public Health from Hebrew University, Jerusalem.

SINCE 2003, DR. Bobrik has been Deputy Director of the Open Health Institute, the leading Russian NGO working in the area of public health. In this position, his responsibilities include management of several large international and national projects on control of HIV infection, including the DFID Harm Reduction Bridging Project, the Global Fund to Fight

AIDS, Tuberculosis and Malaria Round 3 project GLOBUS, and substantial HIV/AIDS components of the National Priority Health Project and the Federal Targeted Programme. Dr. Bobrik has authored more than 60 publications on health issues in Russia and Eastern Europe, including reports supported by the World Bank, United Nations Development Programme and other UN agencies. He has served as a permanent member of the Global Fund's Technical Review Panel since Round 7.

Q: Dr. Bobrik, how do you see your role as a newly elected IAS Governing Council member in Europe?

The most important thing that I can bring to such a group of distinguished professionals is my practical experience in the former Soviet Union, with corresponding knowledge of the regional specifics in terms of HIV epidemiology, organization of health care systems and HIV-related financing, and the culture of the medical and NGO communities. Therefore, my role should be to keep the specific issues of our region reasonably high on the agenda of the IAS Governing Council. Hopefully it will lead to better understanding of the regional realities, more informed discussions and better targeted actions to address the barriers to fighting HIV/AIDS in Eastern Europe and Central Asia.

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

The major current priority is to scale up the adoption of the best available evidence in HIV policy and programmes. We already know a lot about what works in fighting HIV/AIDS. The financing has also improved over the last five years. Nevertheless, the available evidence is often ignored. The key drivers of the HIV epidemics are sometimes

neglected and significant funding tends to be diverted to politically correct measures with little impact on the overall epidemiological situation.

ANOTHER IMPORTANT ISSUE is the sustainability of HIV control programmes in the countries of Eastern Europe and Central Asia. The bulk of activities among the most vulnerable social groups in the region are currently funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which is gradually shifting its focus to other parts of the world. Therefore, the second key priority is to ensure accountability of global and national leaders for delivery of commitments and mobilization of adequate resources for universal access to comprehensive HIV prevention, treatment and care. Otherwise, the multi-million investments in HIV control in the region and hard work of thousand of professionals over the last years will be lost.

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

We live in a very diverse world where it is necessary to know not only what to do, but also how to do it in a specific environment. As they say: "Think globally, act locally". We need a broad representation of those who have successful, practical experience in the respective regions. Such people should be actively and meaningfully involved in all activities of the IAS from consultancies to defining the agendas of the regional conferences. Perhaps the IAS already does that, but some additional emphasis can be put on the words "meaningful involvement" and "broad representation".

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

The IAS is a great place to be for those who care, because together we can make a significant difference. ■



Editors-in-Chief: Susan Kippax, PhD (Australia), Papa Salif Sow, MD, MSc (Senegal), Mark Wainberg, PhD (Canada) **Executive Editor:** Shirin Heidari, PhD (Switzerland)

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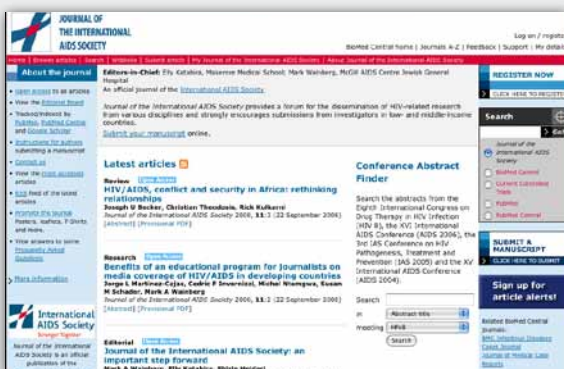
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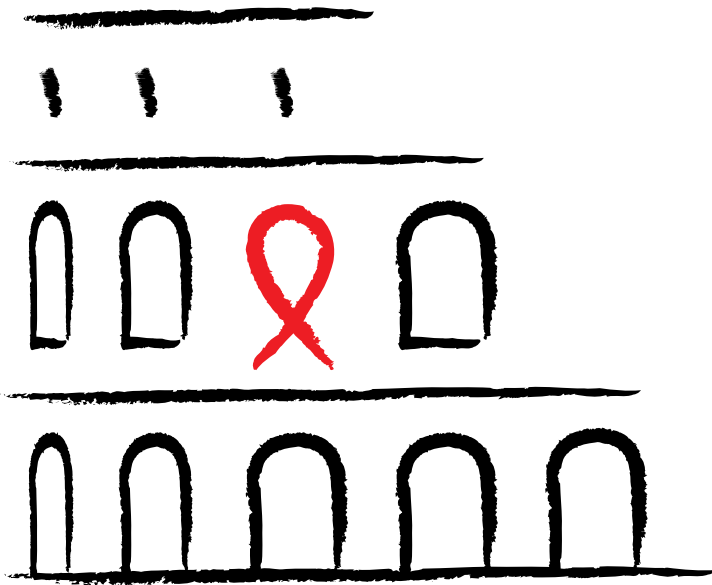
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IAS 2011

**6th IAS CONFERENCE
ON HIV PATHOGENESIS,
TREATMENT AND PREVENTION**

17-20 JULY 2011 - ROME, ITALY

www.ias2011.org

International Chair
Elly Katabira, Uganda

Local Co-Chair
Stefano Vella, Italy

**ABSTRACT
SUBMISSIONS OPEN**
1 DECEMBER 2010

**REGISTRATION
OPENS**
1 DECEMBER 2010



Regional Conferences

The 10th International Congress on AIDS in Asia and the Pacific (ICAAP10)

22-26 August 2011
Busan, South Korea



ICAAP10
Busan, Korea 2011
Diverse Voices, United Action

THE THEME OF the ICAAP10 is *Diverse Voices, United Action*. The “voices” refer not only to the influences that have the power to change policies, move the media or shape public opinion through words, but also the expressions of every person who is willing to work against HIV and AIDS. The key to HIV and AIDS prevention is changing attitudes. Under this theme, ICAAP10 will be an open space where anyone can take action and deliver a message to the world. The AIDS Society of Asia and the Pacific and UNAIDS are

the co-conveners. Early registration and abstract submissions close on 28 February 2011 and scholarship applications close on 31 March.

For more information, visit www.icaap10.org.

13th European AIDS Conference/EACS

12-15 October 2011
Belgrade, Serbia



THE SCIENTIFIC PROGRAMME for the 13th European AIDS Conference/EACS will include timely plenary lectures and symposia, as well as abstract-driven sessions. In organizing the conference in Belgrade, the European AIDS Clinical Society aims to highlight the region's HIV/AIDS epidemic, bridge the gap between Western

and Eastern Europe and promote clinical HIV research amongst young researchers/clinicians, especially those from the region.

For more information, visit www.eacs-conference2011.com.

16th International Conference on AIDS and STI in Africa (ICASA)

4-8 December 2011
Addis Ababa, Ethiopia

ICASA WILL PROVIDE a forum for exchange of lessons learned and experiences gained in evidence-based responses to HIV/AIDS, sexually transmitted infections and related health problems in Africa. The conference will convene thousands of delegates working to prevent new HIV infections through a combination of prevention, care and treatment. ■

For more information, visit www.icasa-2011addis.org.



In this Edition:

AIDS 2010 Advances Response at Pivotal Moment | Next Steps on the Vienna Declaration | The Reality of a "Rights-based Approach" to HIV | Town Hall Launches New Treatment and Prevention Paradigm | Universal Access Now Update | Bridging the Divide: HIV and Health Systems | AIDS 2010 Partners Announced | The IAS Moves Ahead with Social and Political Science Agenda | Travel Restrictions Advocacy | Fellowships and Awards Promote Innovative Research | The IAS Talks with Alexey Bobrik | Regional Conferences Update

IAS Governing Council, 2010-2012

The IAS Governing Council (GC) election was completed prior to AIDS 2010 and the new GC was seated on 23 July 2010.

The IAS Executive Committee is made up of the President, President-Elect, Treasurer, and one Regional Representative from each region, as well as the IAS Executive Director.

To learn more about the Governing Council election procedure, visit the election page at www.iasociety.org/Default.aspx?pagelid=163.

Elly Katabira, Uganda, President
Françoise Barré-Sinoussi, France, President-Elect
Alan Whiteside, South Africa, Treasurer
Julio Montaner, Canada, Immediate Past President (non-voting)

* new member
** re-elected member

Africa

Viola Onwuliri, Nigeria (Regional Representative)
Alex Muganga, Muganzi, Uganda*
Faustine Ndugulile, Tanzania
Papa Salif Sow, Senegal**
Robin Wood, South Africa

Asia and the Pacific Islands

Aikichi Iwamoto, Japan (Regional Representative)**
Dennis Altman, Australia
Roy Chan, Singapore*
Praphan Phanuphak, Thailand
Sai Subhasree Raghavan, India

Europe

Peter Reiss, the Netherlands (Regional Representative)**
Alexey Bobrik, Russian Federation*
Michel Kazatchkine, France
Anton Pozniak, United Kingdom
Stefano Vella, Italy*

Latin America and the Caribbean

Celso Ramos Filho, Brazil (Regional Representative)
Carlos Cáceres, Peru*
Celia D.C. Christie Samuels, Jamaica
Ricardo Diaz, Brazil**
Hector Perez, Argentina

United States and Canada

Chris Beyrer, United States (Regional Representative)
Joel Gallant, United States**
Kenneth Mayer, United States*
Cheryl Smith, United States**
Sharon Walmsley, Canada