The IAS Heightens Focus on Drug Policy

This edition’s feature article examines a new initiative to expand evidence-based interventions in Central Asia. page 4
Message from the President

ON BEHALF OF the Governing Council and the entire IAS membership, it is a great pleasure to welcome Bertrand Audoin as our new Executive Director. Bertrand brings exceptional programme management and fundraising skills, along with in-depth knowledge of the collective challenges before us and effective strategies to address them. He also has a keen awareness of the power that the IAS’s diverse and exceptional membership gives the organization on the global stage, and he is eager to use that power to full effect. I am so pleased to have him on board and look forward to working with him in the year ahead to implement the IAS’s agenda.

AT ITS RETREAT at the end of last year, the Governing Council, recognizing the need for the IAS to concentrate its energies where it could have the greatest impact, selected four policy priorities to focus on in 2011/2012, while continuing to work in partnership in other areas. Key to our success in these areas will be the active engagement of the membership, and the article on page 7 provides details on the priorities and the rationale for their selection. In the newsletter editions throughout this year, we will also take an in-depth look at each of these policy priorities.

OVER THE PAST five years, the IAS has been engaged in efforts to increase access to evidence-based interventions for people who inject drugs in Eastern Europe and Central Asia. The article on page 4 provides an overview of the IAS’s earlier work in this area and delves into our new effort to focus on this momentum and ensure that the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) is equally valuable for conference delegates, including the world’s leading scientists, researchers, community leaders and people living with HIV. In addition, I look forward to leading and supporting the IAS as we prepare for the XIX International AIDS Conference (AIDS 2012) – a conference which will no doubt be an historic one on many levels.

LOO KING AHEAD, I would feel great pride if in five years someone thanks me for my help in his or her involvement in the fight against HIV/AIDS. I consider being remembered for having helped someone as the most wonderful achievement. Of course, there are many topics I would like people to remember me for in five years – and when I say “us”, I mean “all of us in the IAS”, not just me. We have much work to do and the skills and commitment necessary to get it done. I look forward to working with you.

Elly Katabira
IAS President

Message from the Executive Director

AS I BEGAN my new role as IAS Executive Director earlier this year, I was fully aware of the leading role the IAS plays and will continue to play in the global HIV/AIDS response. I knew the IAS is the leading independent organization of HIV professionals in the world, and that it does terrific work convening conferences and helping others to convene them as well. I was also impressed with the IAS’s year-round work on policy and advocacy, which is universally recognized as unique and of the best possible quality.

JUST OVER ONE month later, and after working closely with the IAS Governing Council and the committed staff at the IAS secretariat, I am more convinced than ever that the IAS and its mission – to connect, share and communicate – are absolutely crucial in keeping the fight against HIV/AIDS efficient and effective at both the global and local levels.

I BELIEVE THE IAS is here to help each and every person willing to fight HIV/AIDS in the world, and I am incredibly grateful to IAS President Dr. Elly Katabira and the Governing Council for giving me the opportunity to join such a dedicated team and to serve as Executive Director. Working with the IAS membership – the highest-level group of HIV professionals in the world – is not an opportunity to miss when you want to “add your bit” to the global effort against the epidemic, as I do.

I WOULD LIKE to thank Mats Ahnlund for his exceptional service as Interim Executive Director, and for leading the team through the successful XVIII International AIDS Conference (AIDS 2010). I will seek to maintain this momentum and ensure that the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) is equally valuable for conference delegates, including the world’s leading scientists, researchers, community leaders and people living with HIV. In addition, I look forward to leading and supporting the IAS as we prepare for the XIX International AIDS Conference (AIDS 2012) – a conference which will no doubt be an historic one on many levels.

Bertrand Audoin
IAS Executive Director
Bertrand Audoin in the spotlight

Q: Was there a defining moment in your life which made you embark on this particular career?

I worked for the Alliance Française in New Zealand from 1992 to early 1996. At that early stage of the epidemic, on top of the more than life-threatening effects of being HIV-positive, I saw the disastrous consequences it had on the family, work and social lives of women and men living with HIV. I became involved as a volunteer in prevention programmes in Auckland’s gay community. I also learned that some of my best friends were living with HIV and that they only told me when they learned where I was volunteering. That only convinced me to keep doing the work of prevention and sensitization, and I still think this is crucial to the fight against HIV/AIDS.

Q: What do you think are the current main challenges in the fight against HIV/AIDS?

In just a few words: the global economic crisis and its impact on the amount of money allocated to the fight, the steady discrimination and stigma still faced by a majority of infected or affected people throughout the world, the need to put the emphasis on basic science while keeping the link with clinical research and social sciences alive, and the necessity to overcome the apparent contradiction between having to act now and knowing that the fight is here to last. All these, and many others, are linked by one fact: we need evidence-based options.

Q: What are your short-term and medium-term goals?

I know well how important it is in HIV/AIDS to bring everyone together to emphasize multidisciplinary efforts. The IAS team, its Governing Council and its different expert groups perfectly reflect that point of view.

WE HAVE TO seize the unique opportunity to bring very different people together to conceive the future of the fight against HIV/AIDS at the global and the local levels. I see the IAS as an instrument to make the “think globally, act locally” motto actually work. In a world where many leaders tend to erase the fight against HIV/AIDS from their list of priorities, the IAS is here to make clear that this would be a big mistake for the future of humanity as a whole. My goal is for the IAS to become even more efficient in keeping the fight against HIV/AIDS on top of the agenda.

We have the right people, a strong and dedicated global membership, and the means to imagine the way forward. The IAS can be key in continuing to bring people together.
The IAS Heightens Focus on Drug Policy

BUILDING ON MORE than five years of work on drug policy issues in Eastern Europe and Central Asia (EECA), the IAS made advocating for improved drug policies one of its four policy priorities for 2011–2012. Key to these efforts in the coming year will be promoting evidence on the effectiveness of opioid substitution therapy (OST), increasing the generation of information and dissemination of knowledge on OST in EECA and engaging international drug policy mechanisms to expand access to OST in Central Asia.

PROMOTING EVIDENCE THAT leads to action has been one of the IAS’s policy and advocacy framework priorities since 2006. “The evidence on the effectiveness of OST is so strong, and we believe that all people who need access to it have a fundamental human right to receive it,” said IAS President Dr. Elly Katabira. “We are committed to using our expertise and our connections to the region to tear down barriers, correct misconceptions and build support for this essential public health strategy.”

Active Engagement in OST Since 2006

Less than 1% of people who inject drugs in the EECA region have access to methadone or buprenorphine and there is less than one OST site per 1,000 people who inject drugs. Lack of funding for OST scale-up and restrictive policies are major barriers to increasing the availability of services.¹

THE IAS’S ENHANCED focus on OST in EECA builds on IAS initiatives that began in 2005, when the IAS supported the organizers of the 1st Eastern Europe and Central Asia AIDS Conference (ECEAAC), held in Moscow in May 2006. The IAS’s involvement enabled it to engage with its members in the region and build networks and partnerships with different stakeholders, including scientific and leadership communities. During the 2nd ECEAAC, held in Moscow in 2008, the IAS convened an informal consultation meeting with 15 EECA experts on OST, which led to the organization of the scientific leadership summit, Expanding Access to Opioid Substitution Therapy for Injecting Drug Users in Eastern Europe and Central Asia.

THIS GATHERING, KNOWN as the Yalta Summit, was held in October 2008 and brought together 25 senior narcologists, psychiatrists and infectious disease specialists from seven countries across EECA. Its goal was to mobilize action on expanding access to OST for people who inject drugs. The main recommendations from the summit were the urgent adoption of global normative guidelines on HIV prevention, including OST, support for effective national policy development and expansion of language-relevant information dissemination on harm reduction and OST to the region’s scientific, public health and clinical communities.

IN OCTOBER 2009, just prior to the 3rd ECEAAC, the IAS released a statement urging Russian health officials to reevaluate their commitment to increasing investment in innovative approaches to HIV prevention, care and treatment, including programmes for people who inject drugs, commercial sex workers and men who have sex with men.²

THE IAS AND several of its partners made a significant push for action on drug policy reform in the lead-up to the XVIII International AIDS Conference (AIDS 2010) with the release of the Vienna Declaration. Drafted by an international team of scientists and experts, the declaration was released in June 2010, by the IAS, the International Centre for Science in Drug Policy (ICSDP), and the British Columbia Centre for Excellence in HIV/AIDS. It is a global call-to-action for science-based drug policies, urging governments and international organizations to undertake a transparent review of the effectiveness of current drug policies, implement and evaluate a science-based public health approach to address the harms stemming from illicit drug use, to scale up evidence-based drug dependence treatment options, to abolish ineffective compulsory drug treatment centres that violate the Universal Declaration of Human Rights, and to endorse and scale up funding for the drug treatment and harm reduction measures endorsed by the World Health Organization and the United Nations.³ Nearly 19,000 individuals have signed the declaration. If you have not yet signed, please do at www.viennadeclaration.com

3 million (0.8–6.6 million) IDUs living with HIV

[Map showing weighted, regional HIV prevalence among IDUs.]

Source: Reference Group to the UN on HIV and Injecting Drug Use, 2010.
The HIV Epidemic among People Who Inject Drugs

Approximately 3 million of the estimated 15.9 million people ages 15 to 64 who injected drugs in 2008 are living with HIV. A total of 120 countries have reported cases of HIV among people who inject drugs, and injection drug use represents one of the predominant modes of transmission of HIV infection in Eastern Europe and Central Asia (EECA), where the HIV prevalence among people who inject drugs is higher than 40% in some countries.

Heroin is the most widely consumed opiate in the world. Afghanistan is the largest producer and distributor of illicit opiates and a key driver of the spread of HIV in the surrounding region. In 2009, Afghanistan cultivated the equivalent of 6,900 metric tons of opium poppy, representing 89% of illicit opiate in the world. Europe and Asia, which had the highest number of opiate users in 2009, also have the highest demand for opiate treatment.

Concentrated Effort in Three Central Asian Countries

The IAS received a grant from the Open Society Public Health Program to address a number of the key conclusions and recommendations of the Yalta Summit. The project, Expanding Access to Opioid Substitution Therapy for People Who Inject Drugs in Eastern Europe and Central Asia, has two objectives:

- Contribute to improved knowledge and strengthened operational research capacity for the scale up of HIV/OST programmes for people who inject drugs
- Advocate for reform of drug policy and acceptance of OST as essential for effective HIV prevention, treatment and care for people who inject drugs.

THE PROJECT’S THREE focus countries, Kazakhstan, Kyrgyzstan and Tajikistan, were chosen with the guidance of a high-level advisory committee. They were selected because their current social and political environments are most appropriate for this type of sensitive and essential work. The advisory committee also supports the initiative’s implementation process and provides broad direction and guidance.

“THE CENTRAL ASIAN region is one of the few areas worldwide where HIV rates are rising in 2011. The majority of new infections across the region are among people who inject drugs, and the terrible reality is that the public health measures which we know can reduce HIV risks for these persons, including OST, are still either unavailable or extremely limited in use,” said Dr. Chris Beyrer, an advisory committee member and IAS Governing Council member from Johns Hopkins University, Baltimore, USA. “This situation has to change if the region is to control HIV and provide essential services to those in need. The IAS is taking on this critical challenge. This is one problem that can be solved, and quickly, if policy reform and evidence-based public health approaches can prevail.”

ALSO ON THE advisory committee are leading experts from the EECA region: Oleg Aizberg, lecturer at the Psychiatry and Narcology Department of the Byelorussian Postgraduate Medical Academy, Minsk; Dr. Alexey Bobrik, Deputy Director of the Open Health Institute, the leading public health NGO in Russia; Prof. Sergii Dvoriak, Director of the Ukrainian Institute on Public Health Policy in Kyiv, Ukraine; Nina Kerimi, Regional Project Coordinator, United Nations Office on Drugs and Crime, Regional Office for Central Asia Programme Office in Astana, Kazakhstan; and Prof. Vladimir Mendelevich, who leads the department of medical and general psychology and is Director of the Kazan Mental Health Research Institute at the Kazan State Medical University in Tatarstan, Russia.

OST: A Key Treatment for People Who Inject Drugs

Opiate use leads to severe dependence and is associated with HIV/AIDS and hepatitis B and C transmission and infection. Opioid Substitution Therapy (OST) is proven to be one of the most effective methods of intervention, prevention, treatment and care for people who inject drugs. OST is the administration of a prescribed daily dosage of opioid medicines to patients with opioid dependence. The most common medicines used are methadone and buprenorphine. Methadone is usually prescribed in the form of a solution, syrup or pill. Buprenorphine is also administered orally and used less often than methadone due to its higher cost. The medications effectively suppress the patient’s craving and block euphoric responses caused by heroine use.

References


“CURRENT INADEQUATE POLICIES in many post-Soviet countries can both facilitate the spread of the epidemic and create the unfavorable environment for fighting the disease,” said Dr. Bobrik. “OST is an important, but unfortunately neglected and often demonized element of a sound public health strategy to deal with the dual epidemics of drug abuse and HIV/AIDS.”

IN ORDER TO meet the new project’s objective of improved knowledge and strengthened research capacity, the IAS is building a virtual knowledge centre, which will be a source of scientific information and evidence-based documents, mainly in Russian, for individuals and groups in the region who work in areas

Central Asia: IDUs and HIV

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Number of people who inject drugs</th>
<th>HIV prevalence among people who inject drugs %</th>
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</thead>
<tbody>
<tr>
<td>Kazakhstan</td>
<td>2010</td>
<td>119,140***</td>
<td>2.8%***</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>2009</td>
<td>7,100*</td>
<td>14.3%**</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>2009</td>
<td>20,000 to 30,000***</td>
<td>17.3%***</td>
</tr>
</tbody>
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Information provided by UNODC offices: Astana, Kazakhstan; Dushanbe, Tajikistan; and Bishkek, Kyrgyzstan. Sources: *Republican Narcology Centre, **Sentinel surveillance data, ***Republican AIDS Centre

Continued on page 6
related to OST. The IAS also plans to involve members from the region in the project, through advocacy, networking or research efforts.

**Figure 1.** People who inject drugs as percent of total registered HIV cases. Eastern European and Central Asian countries, 2007

Source: See Figure 2.

“I AM AMAZED by the fact that almost two-thirds of new cases of infection with HIV are connected with people who inject drugs,” said Professor Mendeleich. “On the other hand, what amazes me even more is the unwillingness of the authorities to really estimate the situation and to introduce modern evidence-based methods for treatment of opioid dependence and HIV preventive programmes – harm reduction and OST. Increasing the availability of information in Russian and disseminating of evidence-based knowledge on the topic of OST will be essential in challenging the existing attitudes and negative perceptions towards OST that prevent its widespread use in EECA.”

**AS PART OF** its efforts to advocate for drug policy reform and acceptance of OST, the IAS plans to build advocacy platforms in each of the three focus countries with the goal of having OST medicines included on the national essential medicines lists. Kyrgyzstan, which recently added methadone, but not buprenorphine to its list, is the only country of the three that currently includes an OST medicine. This is an important step forward, and the IAS will use its voice and provide support to its partners in the region to advocate for this goal in all three countries, as well as for the expansion of these desperately needed and beneficial services.

**Table 1.** People who inject drugs reached by HIV prevention services. Eastern European and Central Asian countries, 2008


**Lights for Rights: World AIDS Day 2010**

**VARIOUS HIGH-PROFILE EVENTS** around the globe marked the World AIDS Campaign’s theme of Light for Rights on World AIDS Day 2010, illuminating the critical connection between HIV and human rights and the devastating fact that basic human rights are often denied to people living with HIV or to those most vulnerable to HIV infection.

**THE IAS USED** World AIDS Day as a platform to challenge current drug policies and advocate for the human rights of drug users, drawing media attention to the reality that the criminalization of drug users does not help law enforcement, but simply undermines public health efforts by driving drug users underground and away from prevention and care services. The Financial Times published an opinion piece by IAS President Dr. Elly Katabira entitled “The ‘War on Drugs’ has failed: policy should be based on science and human rights” and called upon IAS members to speak with one clear and credible voice to call for a new, evidence-based approach to dealing with illicit drugs.

**Commemorating World AIDS Day in Geneva**

Staff at the IAS secretariat in Geneva supported World AIDS Day 2010 by braving snowy conditions and uncertain public transport to take part in various events around the city, including a solidarity lunch at UNAIDS and a choir performance at the International Labour Organization.

**IAS STAFF ALSO** joined forces with colleagues from the Global Alliance for Vaccines and Immunisation, the World Health Organization, UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria to run the famous Escalade race through the cobbled streets of Geneva’s old town on Saturday, 4 December, raising awareness of World AIDS Day and money for the Global Fund’s “Gift of Life” (GOAL) charity.

**THE IAS SECRETARIAT** also organized a “Wear Red” Party in a local pub on Sunday, 5 December, to raise awareness of World AIDS Day in Geneva. IAS staff networked with colleagues from the various Geneva-based international organizations instrumental to the HIV response. Members of the public joined in the fun, and the eye-catching glittery red wigs were a huge hit amongst attendees.

**References**


**Online Resources**

On World AIDS Day, IAS President Dr. Elly Katabira published an opinion piece in the Financial Times, entitled “The ‘War on Drugs’ has failed: policy should be based on science and human rights”. To read it, visit www.ft.com/cms/s/0/724ed4e1/7c1cd/11df-b770-00144fced49a.html#axzz1FPu9zQC

**Harm Reduction**


**Human Rights**

**IHRA 3 Cent Report**, 3Cents (2010).

**Science-based drug policy**

**Three Cents a Day**

**International Harm Reduction Association**

**IAS Newsletter March 2011**
Focusing Policy Work for Greatest Impact

Developments at the XVIII International AIDS Conference (AIDS 2010) highlighted a turning point in the history of HIV/AIDS. Promising new evidence on the effectiveness of vaginal microbicides (CAPRISA trial) and treatment strategies for HIV tuberculosis co-infection (CAMELLIA trial) demonstrated that new prevention and treatment strategies can significantly reshape the HIV response. Despite a turbulent economic period and global political retraction on HIV/AIDS – illustrated by the unsatisfactory replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in October 2010 – the AIDS community, encouraged by emerging scientific data, continues to strive to reach the goals set out 10 years ago in the UNGASS Declaration and five years ago in the campaign for universal access. Given the confluence of several important HIV and health-related benchmarks in 2011, the International AIDS Society is convinced that now, more than ever, priorities and actions need to be harmonized between the different key stakeholders engaged globally in HIV/AIDS field.

At its November 2010 retreat in Geneva, the IAS Governing Council (GC) reviewed past and ongoing IAS policy advocacy work in light of the overall HIV/AIDS response. Based on major reports released by leading actors such as UNAIDS and the World Health Organization and embedded in the IAS’s current strategic plan, the GC agreed on priority areas for 2011 and 2012. In setting the priorities, the GC used several criteria, including the unique contribution and leadership role that the IAS can play, the expertise and experience in the IAS and the changing profile of its membership, the potential use of IAS conferences, and the likelihood of securing funding. The IAS will play a leadership role in four areas:

- HIV cure – with focus on global scientific strategy and a consortium
- Drug policies – with focus on opioid substitution therapy (OST)
- Social and political sciences – with focus on and around the IAS’s international conferences on HIV and AIDS
- Human rights – with focus on HIV professionals and key vulnerable populations.

It will work through partnerships and representation in other key areas.

HIV Cure

Fifteen years ago, even the most hopeful members of the scientific community remained silent about the prospect of a cure or vaccine. Today, there is a reemergence of hope. Given the increasing interest in the potential for an HIV cure, the IAS, under the direction of its President-elect Françoise Barré-Sinoussi, will advocate for advancing and coordinating research in the hope of developing a functional or sterilizing cure for HIV. To this end, IAS will concentrate its initial efforts towards establishing a global scientific strategy and consortium.

Drug Policies

Another major focus will be to challenge current drug policies and improve conditions for people who inject drugs. The IAS believes that evidence-based interventions are the best way to implement treatment scale-up and will continue to advocate for expanding access to opioid substitution therapy. At AIDS 2010, the IAS mobilized its members from the Eastern European and Central Asian region and hopes to extend its work in this policy area, as injecting drug use is a growing concern in many regions where IAS members are based.

Social and Political Sciences

Basic and clinical sciences have accomplished amazing progress in the HIV/AIDS field. Yet, as documented by many experts and the World Health Organization’s Commission on the Social Determinants of Health, the understanding of the social structures that drive the HIV epidemic is limited. Social and political sciences can play a key role by modeling structural interventions, for example. Responding to the concern that social and political sciences are not sufficiently reflected and included in IAS conferences or in the HIV response, the IAS will seek to catalyze and promote this research through its conferences, which will include holding a special workshop at AIDS 2012.

Human Rights

Finally, the IAS will focus on the critical connection between human rights and HIV. Whilst continuing to defend the human rights of key vulnerable populations, the IAS will also campaign for the promotion and protection of its members’ rights to guarantee that all HIV professionals can fully and freely practice their occupation.

Partnering with Membership

By working and partnering with its members, the IAS will be able to significantly move these policy priorities forward. IAS members confront various issues in their every day work and are experts in providing methods and processes built upon local contexts. The IAS secretariat hopes to work closely with you, hear your concerns and advice, and benefit from your experience.

To Do so, the IAS will gather members’ opinions in the IAS membership survey and plan efforts and work according to the inputs and expectations of the members. Based on the survey results, the secretariat will implement thematic working groups and organize consultations with regards to the four policy priorities outlined above, as well as other areas, including issues such as aid effectiveness and increased funding by affected countries, treatment as prevention, paediatric treatment, prevention of vertical transmission and health systems strengthening.

As You Stand

At the cornerstone of the global system able to combat HIV/AIDS, the IAS needs your support in triggering new changes and carrying out other successes.

References


The IAS takes leading role in Corporate Social Responsibility

As an open, transparent and accountable international non-profit organization and a participant in the United Nations Global Compact initiative, the IAS is strongly committed to Corporate Social Responsibility (CSR) and sustainability. The IAS secretariat is encouraged to work in a socially, environmentally and economically sustainable way and the CSR working group is always looking for innovative ways to incorporate CSR and environmentally sustainable practices at the IAS Secretariat and at IAS conferences.

**“WHEN PEOPLE TALK** about corporate social responsibility, it is often in the context of big businesses whose activities have come under the spotlight and which are being held accountable by stakeholders and society for the economic, social and environmental impacts of their operations,” noted Mats Ahnlund, IAS Deputy Executive Director. “As a non-profit organization already seen to be working for the greater good, the IAS does not come under such intense scrutiny. Yet, we believe it is crucial for non-profit organizations to adopt the same rigorous CSR standards as those enforced upon big business. At the IAS, CSR is not something imposed on us from the outside, but nevertheless, it has become an inherent part of the IAS and it guides the way we operate.”

**OVER THE PAST** couple of years, the IAS has become a model among conference organizers for best practice CSR initiatives. While the IAS has always strived to ensure that its conferences are as socially responsible as possible, the XVII International AIDS Conference (AIDS 2008) was the first conference in which the various environmentally and socially responsible conference practices were consolidated into a formal CSR plan, with an emphasis on the ‘The Four Rs’.

**THE IAS NOW** takes formal measures to reduce the environmental impact of the conferences, reuse conference surplus materials, recycle conference waste and raise awareness of greening efforts while on-site.

**THE IAS AIMS** to reduce the environmental impact of the conference by using local suppliers whenever possible, thereby supporting the local economy and avoiding carbon emissions from the use of international suppliers. Reducing the number of publications printed and printing on recycled/Forest Stewardship Council-certified paper have also become an important policy.

**THE IAS PUTS** into place various programmes to reuse surplus materials, such as donating extra delegate bags and pens to local schools. At AIDS 2010, a material donation programme with a set of donation boxes placed throughout the venue allowed delegates to leave items they did not wish to take home. All donated items were collected by Wiener Tafel, an independent environmental and social charity, which redistributed them to social institutions offering basic care for people in need. AIDS 2010 also offered the opportunity to redistribute leftover food, which was collected directly from the conference venue caterers and delivered to homeless people in Vienna through the Gruft, a registered charity.

**CONFERENCE DELEGATES ALSO** recycled waste through the “Eco-points” placed in strategic areas of the conference centre. **IAS RAISES AWARENESS** among staff, delegates, suppliers and exhibitors about the environment by means of a “green t-shirt” team of volunteers who inform conference participants of the importance of the ‘Four Rs’.

**CONFERENCE DELEGATES ALSO** have the opportunity to participate in the IAS carbon offset programme when they register online. All flights for conference staff, speakers and scholarship recipients are also offset systematically. Thanks to the generosity of delegates, the IAS has supported many exciting projects combining environmental, economical and social benefits.

**THE STORY OF** the Saambou Sewing Cooperative is an example of the benefits of the carbon offset programme. In the autumn of 2009, a group of nine women from the community of Manenberg outside of Cape Town – a community highly impacted by HIV – faced a difficult challenge. Although they had been successfully working with Township Patterns, a non-profit, worker-owned sewing co-operative for over two months, at the beginning of October they suddenly had to return all the industrial machines they were using, as no agreement could be reached with the community organization that was supposed to support them. At the time, Township Patterns did not have enough resources to buy new machines and the women feared it would be a long time before they could start working again.

**“ONE EVENING,** a call from the IAS brought smiles to all faces: the IAS had agreed to a ZAR 100,000 grant to Township Non-Profit and, even more extraordinary, the money was transferred the very same day to South Africa,” said Christophe Labesse of Township Patterns.

**“Thanks to this generous donation, we were able to buy the necessary equipment for the group immediately, and the vibrant Saambou Sewing Cooperative is now one of the strongest cooperatives of the township network.”**

**THE IAS AND** Township Patterns are pursuing the possibility of further collaboration, including plans for HIV training sessions for members of the cooperative.
Among the key topics IAS Governing Council (GC) members discussed at their November 2010 retreat were the four structured and focused IAS policy and advocacy priorities for 2011/2102, a budget essentially in balance, and improvements in governance of the growing organization.

IAS President Dr. Elly Katabira convened the seventh annual retreat, where the GC examined the IAS’s recent successes and challenges and provided guidance on future activities. The retreat agenda also included conference updates and business items, with the approval of the IAS’s 2011 budget and those for future conferences. Dr. Katabira opened the meeting by welcoming the participants, and encouraged GC members to get involved in the conferences, subcommittees and working groups. Acting Executive Director Mats Ahnlund reported on the significant initiatives the secretariat and GC have undertaken since the XVIII International AIDS Conferences (AIDS 2010) in July 2010.

Governance Issues
During the three-day retreat, the GC spent considerable time discussing IAS governance. Sir Ronald de Witt – an international consultant on governance and management of health care and judicial systems - provided an overview of governance for international NGOs and facilitated a discussion to identify issues concerning governance and management, as well as actions for the Governance and Membership Subcommittee to take forward. The subcommittee will focus on three main areas in the coming year:

- Identify/examine the roles and responsibilities of the GC
- Clarify communication responsibilities and processes of the constituent parts of the IAS
- Clarify roles, responsibilities and relationships of Office of the President, Executive Director and members of the GC and Executive Committee.

The Subcommittee will meet for a full day in Rome in conjunction with IAS 2011 to discuss and agree on a first set of recommendations to the GC.

Conferences
In relation to IAS conferences, the GC confirmed Kuala Lumpur as the host city for the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) and discussed potential host cities for the XX International AIDS Conference (AIDS 2014). The GC also decided to create a working group, consisting of six GC members, to think creatively about the future of the conferences. The GC approved a revised Media Embargo Policy for IAS 2011, was asked to suggest potential members of the Community Programme Committee and the Leadership and Accountability Programme Committee for the XIX International AIDS Conference (AIDS 2012), as well as to give feedback on the track names proposed by the conference’s Scientific Programme Committee.

Policy and Advocacy Priorities
To identify the IAS’s policy and advocacy priorities in 2011, the GC discussed areas where the IAS should take leadership. The GC agreed that the IAS would take a leading role in:

- HIV cure – with focus on global scientific strategy and a consortium
- Drug policies – with focus on opioid substitution therapy (OST)
- Social and political sciences – with focus on and around the IAS’s international conferences on HIV and AIDS
- Human rights – with focus on HIV professionals and key vulnerable populations.

The IAS will also be working actively in partnership with others on, for example, universal access to HIV prevention, treatment, care and support with a focus on aid effectiveness and increased national funding in affected countries.

Partnerships and Alliances
While discussing past and ongoing IAS partnerships, the GC agreed that the IAS would benefit from developing a structured and systematic framework for partnerships and strategic alliances. Looking at both partnerships and alliances for the conferences and for non-conference activities, the GC emphasized that when moving forward, the IAS needs to make sure that all partnerships have value.

Dr. Katabira closed the meeting by extending an invitation to all GC members to participate in the next GC retreat, which will take place in his hometown of Kampala, Uganda in November 2011.
Scientific Writing Workshop now online

THE ART OF scientific writing is filled with many unwritten rules and shaped by tradition and conventions, but most investigators never receive formal training. Scientific writing is a skill that many researchers only learn over time, often through a trial-and-error process with assistance from senior colleagues. For less experienced authors becoming familiar with the subtleties of scientific writing can be a frustrating path lined with rejected abstracts and papers.

TO HELP ADDRESS this challenge in the HIV/AIDS field, the Journal of the International AIDS Society (JIAS) is actively involved in offering training and mentoring opportunities for authors. As Executive Editor Shirin Heidari noted, “Following many well-attended and highly rated scientific writing workshops at conferences, we are extremely keen to make our learning material more widely available.”

THROUGH A MEETING with Health[e]Foundation, which provides online learning courses, the idea for expanding the reach of scientific writing training gained momentum and led to the launch of an online conference abstract writing course in November 2010. The course was also linked to the abstract mentor programme offered by the IAS to support abstract submission and increase conference participation of the IAS to support abstract submission abstract mentor programme offered by Health[e]Foundation, which provides online learning courses, the idea for extending the scientific writing e-course to offer additional interactive training in manuscript writing and publication practices. Fransje van der Waals, Executive Director of Health[e]Foundation said, “The abstract writing module was received with great enthusiasm. Many participants that never wrote an abstract before seem ready to continue to learn to write a paper, and we are happy to help them pave the way!”

JIAS and Health[e]Foundation are looking forward to building on this first scientific writing e-course. Both welcome feedback and suggestions on how to improve and develop this initiative further.

THE COURSE IS free of charge and can be used as a complete guide to abstract writing. Specific subsections can also be accessed individually. The course includes simple instructions, key take-home messages, a checklist and summary tables. In addition, the course incorporates illustrative examples and short exercises that users can complete in their own time. It is designed to be interactive, user friendly and comprehensive, spanning pre-submission considerations and abstract selection procedures, as well as abstract structure and content. From Zimbabwe and Ukraine to Indonesia, students, clinicians, teachers and researchers from around the world have accessed the course and rated it as very useful in a post-course survey.

THE LAUNCH OF the abstract writing course is only the start of an exciting new collaboration between the IAS and the Health[e]Foundation. The collaboration will bring additional benefits to IAS members, who are entitled to a 40-80% discount on all Health[e]Foundation e-courses, which include courses on HIV-related topics and poverty-related diseases.

“I AM DELIGHTED that the IAS and Health[e]Foundation have joined forces to create and promote e-learning opportunities for enhancing and building capacity of large groups of health professionals,” said IAS President Dr. Elly Katahira, who also serves as an editorial board member of JIAS and board member of the Health[e]Foundation. “The IAS is dedicated to using innovations in information technology to improve access to the latest evidence and best practice information, and these e-courses represent a further effort to close gaps in knowledge and expertise at every level of the HIV response.”

FUTURE COURSES ARE envisioned to extend the scientific writing e-course to offer additional interactive training in manuscript writing and publication practices. Fransje van der Waals, Executive Director of Health[e]Foundation said, “The abstract writing module was received with great enthusiasm. Many participants that never wrote an abstract before seem ready to continue to learn to write a paper, and we are happy to help them pave the way!”

JIAS and Health[e]Foundation are looking forward to building on this first scientific writing e-course. Both welcome feedback and suggestions on how to improve and develop this initiative further.

Online Resources
Visit www.healthefoundation.org and www.jiasociety.org to offer your comments and recommendations. Access to the e-course is available at www.healthefoundation.org under “Scientific Writing Module”.

Currently on JIAS:

Research: Prevalence of HIV among injecting drug users in Georgia
Ievdity Chikovani, Ketavan Goguadze, Sudit Ranadze, Mollie Wertiieb, Natia Rukhadze and George Gotsadze

Research: Imprisoned and imperiled: access to HIV and TB prevention and treatment, and denial of human rights, in Zambian prisons
Katherine W Todrys, Joseph J Amon, Godfrey Malembeka and Michaela Clayton

Research: A biregional survey and review of first-line treatment failure and second-line paediatric antiretroviral access and use in Asia and Southern Africa
TREAT Asia Pediatric HIV Observational Database (Taphod) and The International Epidemiologic Databases to Evaluate AIDS (IeDEA) Southern Africa Paediatric Group

Research: Protecting HIV information in countries scaling up HIV services: a baseline study
Eduard J Beck, Sundhiya Mandalia, Guy Harling, Xenophon M Santas, Debra Mosure and Paul R Delay

Review: New insights into HIV-1 primary skin disorders
Filiberto Cedeno-Laurent, Minerva Gomez-Flores, Nora Mendez, Jesus A. Arce-Rodriguez, Joseph L Bryant, Anthony A Gaspari and Jose R Trujillo

Commentary: Finding a cure for HIV: will it ever be achievable?
Sharon R Lewin, Vanessa A Evans, Julian H Elliott, Bruno Spire and Nicolas Chomont
IAS 2011 – Building a strong scientific programme

WITH NEARLY 3,300 abstracts submitted and a strong roster of plenary speakers, the scientific programme for the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) will offer a high-quality scientific programme, including a robust range of topics. “The extraordinary quality and caliber of this year’s programme reflects the tremendous progress we are making in some key areas and the collective desire to take those advances from the lab and implement them in the field,” said Dr. Elly Katabira, IAS 2011 International Chair and IAS President. The conference takes place 17–20 July in Rome.

Plenary Sessions
The Conference Coordinating Committee (CCC) has confirmed nine plenary topics and speakers (see box). Plenary sessions will gather all conference delegates at the first session each morning and set the tone for the week’s programme.

Abstract Submission
Abstracts submissions closed on 10 February with 3,280 submissions, the highest ever for this conference (not including late breaker abstracts).

CONFIRMED PLenary Topics and Speakers
Managing HIV Treatment in 2011
Giovanni Di Perri, Italy
Challenges in HIV Treatment and Care in a Resource Constrained Environment
Serge Eholié, Ivory Coast
The Social Barriers to Effective HIV Prevention
Susan Kippax, Australia
Caring for Mothers and Children: Towards the Millennium Development Goals
Philippa Musoke, Uganda
The Changing Face of HIV Vaccine Research
Gary Nabel, USA
The AIDS Response: The Need for a Long Term View
Peter Piot, Belgium
The Combined Approach to Preventing HIV Infection
Robin Shattock, UK
Towards an HIV Cure
Eric Verdin, Belgium
Ending HIV Transmission Among Drug Users by 2015
Nora Volkow, USA

Track Committees will make the final selection of abstracts in April 2011.

Abstracts will be accepted for presentation to provide an opportunity for the presentation of important “late breaking” research. Late breaker submission is open from 20 April to 23 May. Competition for this limited number of slots is expected to be strong, so only truly late breaking research will be considered.

To read more about the conference programme, visit www.ias2011.org

Workshops Offered for First Time
For the first time, the IAS will offer a series of workshops as part of the official programme of the Conference on HIV Pathogenesis, Treatment and Prevention. The workshops were designed by the Workshop Advisory Board in collaboration with the Scientific Programme Committee and selected facilitators. Workshops will cover all tracks and include several cross-cutting issues and themes. Delegates will be able to participate in 11 high-quality, targeted workshops that will promote and enhance opportunities for knowledge transfer, skills development and collaborative learning.

Topics will include:
- Career paths for basic scientists in low- and middle-income countries
- Insights into residual viral replication, the establishment of reservoirs and understanding the mechanism of persistence
- Combating HIV stigma and discrimination in health care settings
- Improving adherence and quality of care through mobile technology and patient education; design and conduct of operational research and implementation science
- Operational research designed to scale up programmes to prevent mother-to-child transmission
- Ethical aspects of research and clinical trials and community involvement
- Structural approaches to HIV prevention among sex workers
- Scientific writing and publishing

The Workshop Programme is aimed at increasing the capacity of delegates to implement and advocate for effective, evidence-based HIV/AIDS policies and interventions in their respective communities and countries. Workshops will be 90 or 180 minutes and held concurrently with abstract- and non-abstract-driven sessions.

The workshop advisory board consists of:
- Guido Silvestri: Track A
- Papa Salif Sow: Track B
- Chris Beyrer: Track C
- Francesco Castelli: Track D
- Sai Subhasree: Track D
- Evan Collins: Community Advisory Group Representative
- Shirin Heidari: IAS Representative

Abstract Mentoring Supports Less-Experienced Researchers
The Abstract Mentor Programme concluded at the end of January with 180 abstracts submitted for mentoring (up by 62 compared to IAS 2000). With the support from nearly 60 mentors, the programme aims to help less-experienced researchers improve their abstracts before submitting them. The number of mentored abstracts accepted into the conference programme will be known in April 2011 following the marathon meeting.

Three abstracts per delegate were allowed in the abstract category for mentoring, with up to five abstracts accepted into the conference. IAS 2011 Local Co-Chair.

IAS 2011 – Building a strong scientific programme

17–20 JULY ROME, ITALY
Key leadership selected for AIDS 2012

**CHARGED WITH BUILDING** the community, leadership and accountability, and scientific programmes for the XIX International AIDS Conference (AIDS 2012), the recently selected co-chairs of the three programme committees bring diversity of experiences and expertise to the task. The co-chairs join representatives of all the conference organizing partners to form the Conference Coordinating Committee (CCC). “With the CCC now fully in place, we have the foundation for building a conference with a strong programmatic core and outreach strategies designed to ensure robust participation from around the world,” said Dr. Elly Katabira, AIDS 2012 International Chair. For a list of the full CCC membership, visit [www.aids2012.org](http://www.aids2012.org).

**Community Programme Committee**

Deloris Dockrey, USA, Co-Chair

Dockrey is Director of Community Organizing for Hyacinth AIDS Foundation, New Jersey’s oldest and largest AIDS service organization. She is a person living with HIV, directs a successful public education HIV prevention and community action campaign and conducts extensive outreach to faith-based organizations. She is the recipient of the Keith Cylar National Activist Award in 2005, and is the first female Chair of the Global Network of People Living with HIV/AIDS, a position she held for two years.

David Ernesto Munar, USA, Local Co-Chair

A person living with HIV, Munar joined the AIDS Foundation of Chicago in 1991 and became President/CEO in 2010. He has served on several HIV-related federal advisory committees in the U.S. and worked with other AIDS advocacy leaders to form the Campaign for a National AIDS Strategy; he remains actively involved with its Coordinating Committee. He also co-founded the HIV Prevention Justice Alliance, which focuses on improving the understanding of HIV disease and HIV therapy.

Nicolas Ritter, Mauritius, International Co-Chair

Ritter founded and is the Director of PILS Association in Mauritius. He is the first Mauritian to have publicly disclosed his HIV status and has contributed to the advocacy movement for free and universal access to treatment, to combating discriminatory laws towards people living with HIV and the introduction of needle exchange and methadone programmes in Mauritius.

**Leadership and Accountability Programme Committee**

Chris Collins, USA, Local Co-Chair

Collins is Vice President and Director of Public Policy at amfAR. He has more than 18 years of experience working in HIV/AIDS policy and advocacy, is a person living with HIV, directs a successful public education HIV prevention and community action campaign and conducts extensive outreach to faith-based organizations. She is the recipient of the Keith Cylar National Activist Award in 2005, and is the first female Chair of the Global Network of People Living with HIV/AIDS, a position she held for two years.

Suzette Moses-Burton, Saint Martin, Co-Chair

Moses-Burton is HIV/AIDS Programme Manager for St. Maarten with a broad portfolio including overall responsibility for implementation of the HIV/AIDS Strategic Plan. She has been involved in HIV/AIDS initiatives since her diagnosis in 1993 and is founder of H.O.P.E., a support group for people living with HIV. She currently serves in leadership roles with numerous organizations including acting chairman of the Caribbean Regional Network of People Living with HIV/AIDS and a member of the planning body for the Caribbean HIV Conference to be held in 2011.

Mariângela Batista Galvão Simão, UNAIDS, International Co-Chair

Dr. Simão heads the Prevention, Vulnerability and Rights Division in the Evidence, Strategy and Results Department at UNAIDS. Previously, she was the director of the Department of STD and AIDS in Ministry of Health, Brazil and previously served as head of the International Cooperation Unit at the Brazilian AIDS Program. She has worked in the Brazilian public health system since 1982, from the primary health care level to a series of managerial positions throughout the years.

**Scientific Programme Committee**

Quarraisha Abdool Karim, South Africa, International Co-Chair

Dr. Abdool Karim is an infectious diseases epidemiologist. She is an associate scientific director at the Centre for the AIDS Programme of Research in South Africa (CAPRISA), an associate Professor at Columbia University’s Mailman School of Public Health and in Public Health and Family Medicine at the Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa. She co-chairs the international HIV Prevention Trials Network and was co-principal investigator on the recently published CAPRISA 004 trial in Science.

Wafaa El-Sadr, USA, Local Co-Chair

Dr. El-Sadr is Director of the International Center for AIDS Care and Treatment Programs (ICAP) and the Global Health Initiative at Columbia University’s Mailman School of Public Health, where she is Professor of Clinical Medicine and Epidemiology. As ICAP director, Dr. El-Sadr leads a programme that builds in-country capacity for HIV prevention, care and treatment in 14 countries in sub-Saharan Africa and Central Asia. Her research has largely focused on prevention and management of HIV and tuberculosis in the U.S. and globally.

Peter Reiss, The Netherlands, IAS Co-Chair

Dr. Reiss is Professor of Medicine at the Academic Medical Center, University of Amsterdam and works both in the division of Infectious Diseases, Tropical Medicine and AIDS, and in the department of Global Health. He has published extensively in peer-reviewed journals and has served on numerous committees, working groups and trials programs for HIV/AIDS-related research. His research focuses on improving the understanding and management of the complications of HIV disease and HIV therapy.
AIDS 2012 Logo unveiled in ceremony with Washington, DC leaders

THE INTERNATIONAL AIDS SOCIETY, on behalf of all the partners of AIDS 2012, joined Washington, DC leaders at an event on 25 February to discuss their collaborative efforts in the planning of the XIX International AIDS Conference (AIDS 2012) and to highlight the conference’s role in shining a spotlight on the local epidemic and the city’s response to it. The event also featured the debut of the logo for the conference, which will be held in Washington, DC from 22 to 27 July 2012.

“WE ARE READY to learn from our international allies, and we are ready to share the lessons from the progress we are making on the ground,” said Washington, DC Mayor Vincent C. Gray after noting the city’s devastatingly high HIV prevalence rates and a recently announced initiative aimed at insuring access to treatment for all people living with HIV in the city.

HIV/AIDS DISPROPORTIONATELY affects the city’s African American community and U.S. Co-Chair Dr. Diane Havlir noted that AIDS 2012 will provide an opportunity to focus on the impact of HIV/AIDS on people of color across the U.S. and on disparities in access to health care.

ALSO SPEAKING WERE AIDS 2012 International Chair Dr. Elly Katabira, IAS Deputy Executive Director Mats Ahlund, Dr. Mohommad Akhter, Director of the DC Department of Health, Dr. Gregory Pappas, Director of the city’s HIV/AIDS, Hepatitis, STD and TB Administration, David Catania, a member of the City Council, and Wallace Corbett of the DC Community Coalition.

IT WAS EXPLAINED that the brightly colored AIDS 2012 logo reflects the reality that no matter who or where one is, HIV/AIDS impacts everyone in some way. The bonds depicted in the logo evoke a sense of the universal connections among all those affected by the disease and illustrate how the bonds of family and friends can be strong forces for change. Ahlund also noted that the logo captures the conference’s three pillars of community, leadership and accountability, and science.

AIDS 2010 Evaluation

THE FINDINGS OF the AIDS 2010 evaluation report demonstrate that the International AIDS Conference continues to provide a key platform for thousands of individuals, including non-attendees, to share knowledge, raise key messages, and create and reinforce partnerships and alliances, ultimately boosting the HIV and AIDS responses at the global, regional, national and local levels.

THE MAIN DATA collection instrument for the evaluation was an online survey emailed to all delegates shortly after the conference. A total of 3,276 surveys were completed, resulting in a response rate of 31% (compared to 26% in 2008). The survey sample was representative of the delegate population with respect to gender, age and profession.

SEVENTY-FIVE PERCENT OF surveyed delegates indicated that AIDS 2010 offered something that they did not get from other well-known scientific/health conferences. Delegates considered the focus on human rights and HIV and the conference’s international dimension to be the main added values of AIDS 2010 compared with other scientific/health conferences (selected by 48% and 43% of surveyed delegates, respectively). Seventy-five percent of delegates who identified themselves as researchers also considered that AIDS 2010 offered something that they did not get from other well-known scientific/health conferences, and 74% reported to have gained new knowledge at AIDS 2010.

THE EVALUATION SHOWED strong support for the conference programme and activities, including the new track on Policy, Law, Human Rights and Political Science. While the majority of delegates would not change the number of sessions at the next International AIDS Conference (AIDS 2012), some respondents raised concerns about the density of the programme, which prevented them from attending key sessions, networking with colleagues and participating in other worthwhile activities.

THE EVALUATION ALSO demonstrates the potential impact of the conference on delegates and their work, and indicates the capacity for this influence to extend far beyond those who attended. The far-reaching impacts are the result not only of the online resources, widespread media coverage and new media tools, but also the intention of delegates, hub participants and online followers to share new knowledge and practice with colleagues, peers, partners, friends and family.

ASSESSING THE LONG-TERM impact of the International AIDS Conference is critical to accountability and continuous improvement. The evaluation team will randomly select AIDS 2010 delegates to complete a follow-up survey during the second quarter of 2011. This strategy was tested for the first time in early 2010 to assess the impact of AIDS 2008, and the results showed that the conference had influenced the work of most delegates.

RESULTS OF THE AIDS 2010 evaluation and impact assessment will be used to improve future conferences and to ensure they continue to play a key role in strengthening the global response to HIV and AIDS.

Online Resources

Dr. Sai Subhasree Raghavan, IAS Governing Council Member in Asia and the Pacific Islands

Dr. Sai Subhasree Raghavan received her Ph.D. in Human Nutrition from Shreemati Nathibai Damodar Thackersey (SNDT) Women’s University in Mumbai, India, and postdoctoral training in public health and nutrition at Columbia University, New York. She has more than fifteen years of experience in diverse areas of HIV/AIDS research, programming and advocacy in India and the U.S.

Q: How do you see your role as an IAS Governing Council (GC) member in Asia and the Pacific Islands?

There are five of us representing the Asia-Pacific region and we work together to advocate for the inclusion of Asia-Pacific regional issues in the IAS agenda, ensure adequate representation of Asia-Pacific experts at all conference events and increase support for the regional conferences. We also share best practices from the region at the meetings.

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

Advocating for universal access to HIV prevention, care, support and treatment services is one of the critical items on the advocacy agenda for our region. The region is complex, diverse, and geographically vast. It has concentrated epidemics and requires continued and intensified commitment to reverse and halt the epidemic, evolve innovative strategies and replicate best practices.

Q: What interesting initiatives have you been involved in recently that you would like to share with the newsletter readers?

I am privileged to work with the great minds in HIV on the GC. We are actively engaged in governance of the IAS to make the organization transparent and cost-efficient, strengthen the scientific excellence at the conferences and engage the IAS in global and regional advocacy.

THE IAS HAS made remarkable progress in advancing the rights of sexual minorities and implements some of the largest interventions in the world for these populations. One good example is my own country, which successfully fought to read down the sodomy law inherited from the British constitution. While we continue to advocate for these issues, our region can take a leadership role in helping other regions to protect the rights of sexual minorities. Protecting human rights and ensuring comprehensive services to people who inject drugs, sex workers and migrant workers are other advocacy priorities for the region.

A MANY OF THE countries in our region have good research capacity, which should be leveraged in our efforts to advance the HIV cure agenda.

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

The IAS can help build research capacity and mobilize research funding for conducting large studies relevant to the developing countries. We need to require our national governments and international agencies to intensify investments in research in our region. The IAS also needs to think creatively in creating initiatives beyond conferences that will facilitate South-South sharing and partnerships though exposure visits, small workshops and multi-country research grants.

IN THE PAST few years, the IAS has identified and worked in-depth on specific areas to advance the science, translate the science into action and facilitate consensus on diverse technical issues and programmatic strategies. As a GC member, I am especially pleased to have been engaged in two areas where the IAS has taken a leadership role: health systems strengthening and advancing implementation and operational research.

THE IAS IS at the forefront of translating science into practice. Understanding that cost-effectiveness and barriers to scaling up proven interventions are as critical as studying the efficacy of interventions, the IAS added an implementation/operational research track to the conferences. I have an opportunity to be part of this development as one of the co-chairs of the Operational and Implementation Research Committee for the upcoming IAS Conference on HIV Pathogenesis, Treatment and Prevention in Rome.
ICAAP 10: Diverse Voices, United Action

The 10th International Congress on AIDS in Asia and the Pacific (ICAAP10) is expected to gather 4,000 participants from over 60 countries in Busan, Republic of Korea, from 26 to 30 August 2011.

THE CONFERENCE THEME Diverse Voices, United Action reflects the different approaches to combatting HIV and AIDS in the region, which includes 47 countries with varied cultures, economies and civil society groups. ICAAP10 will be a platform where diverse voices across the region will have the opportunity to explore greater regional collaboration and share ideas. The conference will also provide regional and national organizations, governments and individual stakeholders the occasion to enhance their mutual contributions in the response to HIV/AIDS.

THE REPUBLIC OF Korea has been the strategic crossroads region in Asia for many centuries and it continues to be a major influential force. Its government has lifted the entry restrictions for people living with HIV (PLHIV) and has committed to making entry visa requirements easier in order to enable the entry of a larger number of participants from the region and beyond. Still, stigma and discrimination against PLHIV and lesbian, gay, bisexual and transgender people are high in the country. In addition to stigma and discrimination, the region faces many critical issues, including those related to sex education, advocacy, AIDS issues at work, HIV criminalization, migrant workers, people who inject drugs, men who have sex with men, socio-economic impacts of HIV, HIV testing, sex workers, and universal access to HIV prevention, treatment, care and support. According to the organizers, holding ICAAP10 in Busan represents an opportunity to abolish HIV/AIDS-related laws and decrease levels of stigma and discrimination against those most affected by the epidemic.

ICAAP HAS BECOME the pre-eminent regional forum for HIV/AIDS in the Asia and the Pacific region and is regarded as an effective rallying point for a broad range of constituencies, including governments, communities, civil society organizations, development partners, academics, and private-sector stakeholders. These groups will gather in Busan to exchange and share achievements, successes and best practices aimed at eradicating stigmatization, marginalization and discrimination of the most-affected communities, including the families of those living with HIV, and upholding the rights of all people to have equal access to HIV programmes and services.

Convened by the AIDS Society of Asia and the Pacific (ASAP) and UNAIDS, ICAAP was first held in Canberra, Australia in 1990 and has been convened biennially for the past two decades.

The conference tracks include:

Track A: The evolving epidemiology of HIV in Asia and the Pacific
Track B: Advances in basic and clinical sciences
Track C: Meeting the challenge of Universal Access – Treatment, Care, Support, Prevention and Social Protection
Track D: Building and supporting leaders and advocates – Politics, Economy, Religion, Culture, Youth, and Media
Track E: Engaging communities for effective responses – PLHA, MSM, Sex Worker, Transgender, IDU, Migrant, People in prison
Track F: Overcoming human rights, legal and policy barriers

For more information, visit www.icaap10.org and www.aidsocietyap.org

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www.aidsonline.com

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For more information on AIDS, please visit: www.aidsonline.com
2011 CARIBBEAN HIV CONFERENCE
STRENGTHENING EVIDENCE TO ACHIEVE SUSTAINABLE ACTION

November 18–21, 2011  |  The Bahamas

Sponsored by the Government of The Commonwealth of The Bahamas and the University of Puerto Rico, the 2011 Caribbean HIV Conference: Strengthening Evidence To Achieve Sustainable Action will bring together the full range of Caribbean HIV stakeholders to build on earlier successes and to demonstrate the synergistic results of regional cooperation and collaboration.

The conference is expected to attract 2,000–2,500 participants and will highlight scientific research findings, implementation of lessons learned, skills-building tools, and networking opportunities.

JUNE 1, 2011
Registration Opens for Participants Living and Working in the Caribbean Region

JULY 1, 2011
Registration Opens for All Participants

OCTOBER 18, 2011
Registration and Housing Close

PLEASE JOIN YOUR COLLEAGUES AT THE
2011 CARIBBEAN HIV CONFERENCE!