A HISTORY OF THE INTERNATIONAL AIDS CONFERENCES

April 1985, Atlanta – I International AIDS conference (AIDS 1985) 2,000 participants. The conference is organized by the WHO, the US Department of Health and Human Services and major research institutes; it is led by American and European scientists and public health officials.

June 1986, Paris – II International AIDS Conference (AIDS 1986) 2,800 participants. The opening lectures are delivered by the co-discoverer of HIV, Luc Montagnier, and Bila Kapita, Chief of Internal Medicine in Kinshasa, Zaire, one of the first public figures to talk openly about the serious problem the African region is facing. It is a very brave statement, Dr. Kapita is sentenced to jail but he’s released with the help of international intervention.

June 1987, Washington DC – III International AIDS Conference (AIDS 1987), 6,300 participants. For the first time, the fight goes political: during the conference several demonstrations against the lack of political commitment take place. Even if by May 1987 more than 20,000 had died of AIDS, US President Regan is still reluctant to make a public statement about the epidemic. The protests are also against the US FDA as experimental treatments are slowed down by bureaucracy. Partly due to the protests, the conference receives widespread media coverage. Behavioural and sociological research begins to be more and more present at the conferences.

1987 – The US travel ban: the US government bans HIV-positive travelers from entering the country citing both public health concerns and the potential financial burden on US health service. As a result, among other international conferences the AIDS 1992 conference, which was supposed to take place in Boston, is relocated to Amsterdam.

June 1988, Stockholm – IV International AIDS Conference (AIDS 1988) 7,500 participants. This conference signs the end of the period where the main focus was on biomedical aspects of HIV/AIDS. The “Face of AIDS” is introduced at the conference as a forum of people living with HIV, it is a revolutionary change as patients and civil society are now included in the debate. This conference also marks the start of close collaboration between the IAS and UN agencies.

June 1989, Montreal – V International AIDS Conference (AIDS 1989) Theme: The Scientific and Social Challenge of AIDS - 12,000 participants. Activists occupy centre stage during the conference: Canadians activists protest the lack of a federally-funded AIDS strategy, US activists denounce the US entry ban for people living with HIV (PLHIV) and both want a greater involvement in the conference. During the same conference, Zambian President Kenneth Kaunda reveals that his son died of AIDS in 1986, becoming the first African leader to speak about AIDS in his own family.

June 1990, San Francisco – VI International AIDS Conference (AIDS 1990) Theme: AIDS in the Nineties: From Science to Policy - 11,000 participants. The conference sees huge protests due to a cold federal government response to the epidemic and a lack of effective treatment for PLHIV. In preparation for future conferences, the IAS highlights the importance of avoiding police violence. Since then the IAC has been successful in balancing the freedom of expression and protest with allowing speakers and participants to be heard.
Theme: Science Challenging AIDS - 8,000 participants. This conference is quieter than the earlier ones. The theme of the conference highlights the importance of science in a time of growing desperation to halt the spread of HIV. Experts from Africa and India speak at the Opening Ceremony highlighting the growing burden of the epidemic in their countries.

Theme: A World United Against AIDS - 8,000 participants. The conference is organized in just one year following its relocation from Boston to Amsterdam. The focus of the conference is on human rights as a public health imperative.

14,000 participants. Berlin is chosen to stress the importance of fighting racism and discrimination, “tear down the walls” is the refrain of the conference: walls between HIV positive and HIV negative people and between rich and poor. Unfortunately 1993 is a disappointing year in HIV research: the results of the Concorde trial of AZT monotherapy shows no medium- or long-term benefit; also, the economic impact of AIDS epidemic is becoming more and more obvious.

Theme: The Global Challenge of AIDS: Together for the Future - 10,000 participants. The conference is held in Japan, at the time the only Asian country to admit some of its citizens live with HIV. The organizers work hard to avoid friction between the conservative Japanese society and the western activists. The hope is to leave a permanent impression in the attitudes, legislation and policies of the host country.

Theme: One World One Hope - 15,000 participants. After many years of disappointment the atmosphere is electric and full of hope as finally scientists are able to report a significant treatment breakthrough: highly active antiretroviral therapy (HAART) sees mortality and morbidity among patients drop dramatically and the prognosis for HIV diseased shifts from almost certain fatality to a chronic illness. The term “Lazarus syndrome” is used to describe patients who return from the brink of death to good health. After the excitement, though, it becomes quickly evident that while the therapy can be used widely in high-income countries, in the areas of the world where the epidemic is more devastating the access to it is very limited.

Theme: Bridging the Gap – 15,000 participants. The theme of the conference touches several issues: gap in treatment between wealthy and poor, gap in power and autonomy between men and women, gap between governmental authorities and civil society. At the conference, the IAS initiates the Young Investigator Awards to recognize scientific excellence among young researchers.

Theme: Breaking the Silence - 12,000 participants.
This conference is enormously important in building momentum to change the approach to global public health. It is the first AIDS conference in a developing country, more importantly in a country with the highest HIV-prevalence rates in the world. The theme focuses on the staggering impact of the epidemic is sub-Saharan Africa and on the inequity in treatment access between the developed and the developing world.
South African President Thabo Mbeki declares he doubts AIDS occurred in South Africa and that, if so, it is caused not by HIV but by poverty. He also declares AIDS symptoms are side effects of ART produced by Western pharmaceutical companies. The minister of Health shares the same ideas and forbids the use of antiretrovirals to prevent mother-to-child transmission.

These declarations prompt 5,000 scientists from around the world to publish the “Durban Declaration” confirming the overwhelming scientific evidence about the etiology of AIDS. The Durban conference proves to be a unique opportunity to address both treatment inequity and denialism. During the closing ceremony Nelson Mandela speaks against the irresponsibility of the South African government on AIDS.

The success of the conference provides local organizers with a financial surplus that supports several national conferences in AIDS over the next years. A year after the conference the UN General Assembly Special Session on HIV/AIDS (UNGASS 2001) Declaration of Commitment establishes ambitious goals for treatment, prevention and care.

*Theme: Knowledge and Commitment for Action* - 18,500 participants. The conference registers a greater participation by women and individuals from low- and middle-income countries. The Durban effect from the conference in 2000 increases the importance of HIV on the world’s political stage; former President Bill Clinton and Nelson Mandela are two of the high profile leaders to participate in the conference, this reflects the growing political commitment to respond to the epidemic after 2000 which enables the launch of programmes to scale up HIV interventions. Finally, the combinations of events at the turn of the millennium including intense activism and corporate philanthropy in the pharmaceutical sector, lead to the dramatic reductions in the price of antiretrovirals.

*Theme: Access for All* - 18,500 participants. The conference theme reflects the goal of universal access to HIV prevention, care and treatment interventions and the growth in political attention and resources since Durban. Thailand is chosen partly for the high presence of PLHIV in the country and because the country has achieved significant reductions in HIV incidence. Although Thailand registered a wide success, the “war on drugs” began by Thai government was a big failure with 2,000 deaths and arrests. By hosting the conference there the organizers hope to highlight Thailand’s success while bringing global attention to the downside of criminal justice versus public health approach to injecting drug use.

The need to secure commitment on AIDS from political and other leaders leads to the launch of the **Leadership Programme**, whose objectives are to promote concrete commitments by political leader in response to AIDS.

The IAS and partners also pilot the first **Global Village** and the **Youth Programme**.

The **Global Village** is open to the general public and works as a bridge between local communities and researchers, health professionals, leaders and community representatives taking part in the formal conference proceedings.

The **Youth Programme** is an opportunity for thousands of young people from around the world to discuss the response to the epidemic and to generate new ideas for treatment, prevention, human rights issues.
*Theme: Time to Deliver* - 26,000 participants. The theme reflects a growing sense that despite increased resources and 25 years of experience, the global response is still falling short in its effort to curb the epidemic and care for those infected; moreover, gender inequity, homophobia and discrimination against sex workers and drug users continue to hamper prevention efforts. This conference is notable for its focus of female-controlled prevention technologies. During the conference the IAS delivers *skills-building workshops* on how to write a manuscript for publication, how to write an abstract and prepare effective conference presentations.

*Theme: Universal Action Now* - 24,000 participants. This is the first conference to be held in Latin America, its main focus is on the urgent need for action at all levels to achieve access to services in the health sector, and also to end stigma and discrimination and advance the human rights of all people, especially those most affected by HIV, the most marginalized communities in the world.

June 2010 – The Vienna Declaration, an international call for Drug Policy based on science, not ideology, is published ahead of AIDS 2010. By the end of the conference the declaration is signed by 12,725 individuals.

*Theme: Rights Here, Right Now* 19,300 participants. The focus of the conference is on Human Rights, whose protection is essential in drive for universal access. Results of the Caprisa 004 trial, a microbicide gel for women that has been found to help prevent HIV transmission, are presented, opening the door for a completely new synergistic tool in HIV prevention which has tremendous potential to empower women and girls.