20 Years of the International AIDS Society

HIV Professionals Working Together to Fight AIDS
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Introduction

The history of the International AIDS Society (IAS) lies in its conferences, and in the struggle for evidence and experience to prevail over ignorance and political expediency in the global response to HIV/AIDS. For an epidemic that was initially identified with stigmatized communities, and which quickly emerged in the poorest and most vulnerable populations on the globe, this was—and continues to be—an enormous challenge.

Nevertheless, addressing what HIV scientist and human rights activist, Jonathan Mann referred to as “the epidemic of stigma, discrimination, blame and collective denial” has become as integral to International AIDS Conferences as the search for new and better prevention, care and treatment interventions.

The IAS was founded in 1988 to be the agency responsible for planning and implementation of the rapidly-growing International AIDS Conferences at which the most current epidemiological and biomedical knowledge would be presented and debated. At the same time, it became the representative of the international scientific community and often the voice of reason in the controversies that have plagued the response to this epidemic. Before we look at the formal establishment of the IAS, it is important to recall the earliest conferences and the emerging epidemic that drove the need for an evolving global forum on one of the greatest public health challenges we face.

Two men during a Gay parade in New York USA
TravelStockCollection - © Homer Sykes / Alamy
With HIV/AIDS rapidly spreading and killing, protests were numerous at the 1987 March on Washington. This ACT-UP coalition made a strong statement about governmental policies on the disease. The AIDS Quilt was also on display at the March, this moment was unforgetable.

© Linda Hollingdale Photography
At the 1987 conference in Washington, DC, politicizing AIDS abruptly took centre stage. Protests exploded against the lack of political leadership on the burgeoning epidemic which was claiming a growing number of lives in the US and elsewhere; by May 1987, more than 20,000 Americans had died of AIDS and more than 36,000 had been diagnosed with HIV. However, US President Ronald Reagan had yet to make a public statement about the epidemic, which was still predominantly prevalent in the gay community, injecting drug users, and a few immigrant communities. It was the first time that the conference had received widespread media coverage, with television reports around the world broadcasting pictures of police officers wearing bright yellow rubber gloves as they arrested demonstrators outside the White House. Activists also protested the sluggish drug approval process at the US Food and Drug Administration. Zidovudine (AZT) had just been approved for treatment against AIDS in the US, but the side effects were debilitating and the effects transitory. Other experimental treatments were mired in the bureaucratic hurdles required by federal regulators.

Behavioural and sociological research began to be presented at the 1987 conference, but in retrospect, it is striking how little was known about human sexuality, drug use and other behaviour crucial to the spread of HIV. One little-noticed Pasteur Institute study from the Washington conference noted that HIV could be inactivated by disinfectants and spermicides, foreshadowing later efforts to develop microbicides.

The second conference was held in Paris in 1986, and continued to focus on biomedical and epidemiological research rather than the broader social, political and behavioural issues that became prominent in later years. The opening scientific lecture was delivered by the co-discoverer of HIV, Luc Montagnier of the Pasteur Institute. The organizers of the Paris conference demonstrated their foresight by entrusting the second lecture to Bila Kapita, Chief of Internal Medicine at the Mama Yemo Hospital in Kinshasa, Zaire. Kapita was among the first to publicly acknowledge that Africa already had a serious AIDS epidemic. It was courageous of him to talk openly about AIDS in Africa at that time; he was sentenced to jail upon returning to Kinshasa and was saved from a prison term only through diplomatic interventions. The Paris conference reflected the growing knowledge about the pathogenesis of HIV, including the ominous fact that HIV began to destroy the immune system at the onset of infection and was not dormant during the years between infection and the appearance of clinical symptoms. Other scientific news included the discovery of HIV-2, another retrovirus which was causing AIDS in Western Africa, and a closely-related retrovirus prevalent in African green monkeys.

Centre for female IDUs in Dhaka, Bangladesh © Dan Vincent / Alamy
A large red AIDS ribbon hangs outside City Hall in Durban, South Africa, during the 13th International AIDS Conference.

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1988 - 1990

The IAS and its Early Conferences
The initial idea in the early years of the International AIDS Conferences was to alternate the site of the conference annually between France and the US. These two countries had the largest number of HIV researchers at that time, and their selection was also a tribute to the scientific contribution made by the two countries in determining the causative agent of AIDS. However, after the 1987 conference in Washington, both Montreal and San Francisco began to compete to organize the 1988 conference. The decision was ultimately made by an informal group of influential scientists at a luncheon in Paris to hold the 1988 International AIDS Conference in Stockholm, and to hold the 1989 and 1990 conferences in Montreal and San Francisco, respectively.

The competition for the 1988 conference highlighted the need for a more orderly planning process to coordinate meetings that were growing in size, complexity and importance. The IV International AIDS Conference in Stockholm included 7,500 participants from 140 countries. Among them were representatives from all of the major agencies involved in the global response to AIDS. It was time to establish an association responsible for organizing the conferences, as well as smaller sub-specialty meetings that could also serve as an international forum for information exchange. A group of prominent scientists from different regions of the world met to discuss how to proceed. The group decided to found an international society for the purpose of organizing the conferences, governed by an Advisory Board. This was the beginning of the IAS.

It is noteworthy that most Advisory Board members represented basic science and public health disciplines; only four out of 24 were clinicians. In 1994 when the Advisory Board became the Governing Council (GC), it retained roughly the same proportion among the various disciplines. Not until the election in 2000 did clinicians comprise more than half of the GC, reflecting the new era of antiretroviral (ARV) treatment after 1996.

The IAS was initially registered as a non-profit association in Frankfurt, West Germany. The mission and objectives of the International AIDS Conferences were subsequently drafted in close collaboration with Jonathan Mann, then Director of the WHO Global Programme on AIDS. They established important principles that would guide future IAS policy: the international and interdisciplinary approach (including ethical, legal, economic and political aspects of HIV/AIDS, in addition to biomedical issues); promotion of global solidarity between people working in HIV and AIDS; and fighting discrimination against people living with HIV and AIDS and those most vulnerable to infection. More specifically, “respect for the human rights and dignity of HIV-infected people and people with AIDS and their active participation” were highlighted, as were the “promotion of research and most effective application of new knowledge to HIV/AIDS prevention and treatment”.

The IAS logo has evolved since the Society’s inception. The current logo is represented at the bottom of this graphic.
Activism and Advocacy: Montreal and San Francisco

It was clear even before Canadian Prime Minister Brian Mulroney opened the 1989 conference in Montreal that activism was going to occupy centre stage. The Prime Minister, Zambian President Kenneth Kaunda and other celebrities who were speaking at the Opening Ceremony gathered in the VIP room before proceeding to the podium, but things did not go according to plan. Three hundred activists occupied the stage and the front rows reserved for diplomats and other VIPs, refusing to move. Canadian activists were protesting the lack of a federally-funded AIDS strategy; US activists were denouncing the US entry ban on people living with HIV, as well as the sluggish pace of Food and Drug Administration (FDA) drug approval; and all of the activists were advocating for greater involvement in both clinical research and in the conference, which had to date not included community representatives in the planning process. After more than an hour of negotiation, security and conference representatives convinced the activists to leave the stage, although they remained in the front rows to heckle the Prime Minister and Quebec provincial government officials. While 7,000 conference delegates sat patiently in the crammed conference hall, Kenneth Kaunda rallied spirits in the VIP room by singing and clapping with his entourage. When he eventually spoke, he revealed that his son had died of AIDS in 1986; he was the first African leader to speak publicly about AIDS in his own family. Sullivan was pelted with objects as he spoke and demonstrators held black sheets in front of the television cameras broadcasting his speech.

In preparations for these and future conferences, the IAS stressed the importance of avoiding police violence or other physical interference with activists. Although it has come under fire at various times by activists, industry representatives and government officials, the IAS has since then been remarkably successful at balancing freedom of expression and protest with allowing invited speakers and other conference participants to be heard. The strategy has been largely successful and the principle of freedom of expression has prevailed.

IAS ADVISORY BOARD 1988-90

President: Lars O. Kallings (Sweden)
President-elect: Paul Volberding (US)
Executive Secretary: Friedrich (Fritz) Demhardt (Germany)
Treasurer: Peter Pot (Belgium)

THE US TRAVEL BAN

The US government banned HIV-positive travellers from entering the country in 1987, citing both public health concerns about HIV transmission and the potential financial burden on US health services. The idea that communicable diseases can be halted by quarantine and isolation has been prevalent throughout human history, and is rarely justified as an effective public health measure. Many people working in HIV at the time saw moralistic and racist undertones to the travel ban that was part of the reactionary political rhetoric at the time about homosexuals, injecting drug users, Africans and other communities that were disproportionately affected. Ultra-conservative US Senator Jesse Helms, the originator of the 1987 ban and its staunchest advocate, famously stated in a New York Times interview, "We've got to have some common sense about a disease transmitted by people deliberately engaging in unnatural acts." The IAS worked with the local host and public health authorities, trying to convince the White House to overturn the travel ban. A letter was written by the IAS and sent to President George H. Bush, that stressed the expanding global threat of HIV, the importance of the conferences, and the lack of a public health rationale for the ban. The letter also referenced a resolution by the European Parliament and scientists from European countries discouraging participation in the San Francisco conference. In March 1990, the IAS convened a meeting of its Advisory Board, and issued a resolution condemning the US travel ban as a policy that lacked any valid scientific or public health rationale, and confirming that the IAS would not sponsor any conferences in countries restricting the entry of HIV-positive travellers. The US administration issued a waiver so that HIV-positive delegates could attend the San Francisco conference but refused to revoke the ban, which was then written into law. The 1992 conference, scheduled to be held in Boston, was relocated by the IAS to Amsterdam, The Netherlands, and no conference has been held in the US since 1990.

The IAS is currently working on this issue with a number of international partners and US legislators, and advocates, creating a detailed policy paper on the issue and providing secretarial support for the Global Task Team on PLHIV Travel. After almost 20 years in existence, one of the most egregious examples of anti-HIV discrimination may finally end.
1990 - 1994
Reorganization Amid Waning Hope

Ugandan children attend an HIV/AIDS day
© Penny Tweedie / Alamy
The 1991 Conference in Florence

The tone and pace of the 1991 conference was quieter and more reflective than those of earlier meetings. The conference theme was Science Challenging AIDS, and the logo of Michelangelo’s David and Florence’s associations with Dante Alighieri’s Divine Comedy were intended to remind delegates of the elevated position that science and wisdom have in Dante’s Paradise at a time when both had failed to lead to an effective response to AIDS.

Ugandan President Yoweri Kaguta Museveni and Professor Vulimiri Ramalingaswami, from the All India Institute of Medicine, spoke at the Opening Ceremony, providing important perspectives on the growing burden of the epidemic in their respective regions. Africa, a continent already plagued by post-colonial instability, corrupt government, internecine war, high child mortality, enormous gender disparities and poor economic development prospects, was now facing an epidemic that would ultimately shorten the average life expectancy in some countries by two decades.

Professor Ramalingaswami finished his speech by citing Mahatma Gandhi: “I am hard-hearted enough to let the sick people die if you can tell me how I can prevent others from falling ill.” Today, treatment and prevention are conceived as inextricably linked, but at the time, others had resigned from WHO, had become Professor at the Harvard School of Public Health and set the tone as Conference Co-Chair with a focus on human rights as a public health imperative.

Although the media plays an important role at the conferences in disseminating information about HIV and reporting on the latest scientific advances, there have also been occasions when sensationalistic journalism has provided misleading or confusing HIV information that takes years to correct. For example, isolated cases of acquired immune deficiency have been known to appear in adults. Despite the fact that these cases of idiopathic CD4+ lymphocytopenia have no relation to HIV, their occurrence was trumpeted around the world as a sign of another major global epidemic caused by an unknown virus. A year-long, worldwide search by WHO for HIV-negative AIDS cases revealed that there was no such epidemic. AIDS denialsists appeared to be behind the story that HIV could be spread by kissing. During a press conference, a renowned molecular biologist had answered that HIV transmission might be possible through kissing because the saliva of an infected person contains HIV. The story was widely reported, the harm done and millions of people became unnecessarily anxiety-ridden despite the fact that there is no epidemiologic evidence that HIV is transmitted by kissing.

Amsterdam and Berlin: The 1992 and 1993 Conferences

The Amsterdam conference was organized in just one year, following the relocation of the conference from Boston to protest the US ban on people living with HIV entering the country. The Harvard-Dutch organizers rose to the challenge; Jonathan Mann, who had recently resigned from WHO, had become Professor at the Harvard School of Public Health and set the tone as Conference Co-Chair with a focus on human rights as a public health imperative.

One of the challenges in organizing the conferences is developing a high-quality scientific programme that will continue to attract scientists and clinicians in every discipline. Thousands of abstracts must be reviewed, scored and allocated to various conference tracks as oral or poster presentations. Each abstract is reviewed by three to five experts in the relevant field. The track committees (three for the Pathogenesis Conference and five for the International AIDS Conference) then meet face to face over several days to construct the programme based on the scored abstracts. This is the “Marathon Meeting”; committee members can attest to the suitability of that phrase to describe the long, grueling sessions required to agree on a final programme. In order to ensure the most recent research findings are presented, the abstract submission deadline and marathon meeting are held as close to the conference as possible. This places enormous time pressure on committees members and secretarial staff, who must make decisions and notify abstract authors to allow them sufficient time to plan their participation and to meet print deadlines for the conference.

CONFESSION ORGANIZATION

International AIDS Conferences from 1988 onward were organized with the IAS, as the custodian, selecting the venues in consultation with its co-organizers: UN agencies and international civil society organizations. The planning of the conferences was outsourced to entities in the host country contracted by the IAS. The local organizers worked within a set framework; a joint conference organizing committee was made up of the IAS, the local organizers and the international co-organizers. From 1994 to 2004, the IAS hired professional conference organizers, following a public procurement process, for conference logistics such as delegate registration, abstract handling, exhibitions and accommodation. However, outsourcing the conference organization meant that local organizers had to hire secretariats of 30 to 40 people and to begin planning for each conference, which was not only expensive, but also resulted in a loss of institutional memory from conference to conference.

THE MARATHON MEETINGS

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The choice of West Berlin as the venue for the 1993 conference was made during the Cold War. By the time the conference was held, the Berlin Wall had fallen, increasing its symbolic value at the conference. "Tear down the walls" became the refrain of activists during the conference: the walls between the HIV positive and HIV negative; between the wealthy and the poor; and between embattled minority populations and a public that too often saw them, rather than the virus, as the problem. The choice of Berlin was controversial; to many the city was still associated with Nazi Germany and the slaughter of millions of Jews, homosexuals and other "undesirables" in concentration camps during World War II. However, Berlin was chosen to remind delegates about the importance of fighting racism and discrimination in an epidemic which had brought many of those issues to the forefront of the response.

Berlin proved to be a disappointing year in HIV research; the much-anticipated results of the multi-year Concorde trial of AZT monotherapy showed no medium- or long-term benefit. As the economic impact of the AIDS epidemic on countries was becoming more and more obvious, the head of the World Bank was invited to speak, once again illustrating how the broadening scope of the epidemic influenced the content of the conferences.

Early Development of the IAS

When its first Executive Secretary died in 1992, the IAS Secretariat moved to West Berlin and then, after Peter Piot became President of the IAS, to Antwerp, Belgium. However, it was clear that the IAS needed a more permanent organization. On the initiative of Peter Piot, the IAS was reorganized during the term of incoming President, David Cooper, with an appointed Secretary-General (Lars O. Kallings, who effectively became its first part-time paid CEO), instead of an honorary Executive Secretary. The IAS was registered as a legal entity in Sweden, where the Secretary-General lived, and by-laws were drafted to govern the new organization. In 1994, the IAS Governing Council replaced the previous Advisory Board with five members directly elected by the IAS membership from each of five geographic regions:

1. United States and Canada
2. Europe and Israel
3. Africa
4. Latin America and the Caribbean
5. The Middle East, Asia and Oceania

The five regional members elect a regional representative who, together with the executive positions of President, President-elect and Treasurer, sits on the Executive Committee (with the Secretary General – now Executive Director – and the immediate past president serving in ex officio capacity). That brought the total GC membership to 28, where it has remained ever since.
Culture Clash: The Yokohama Conference in 1994

When Japan was selected as a host country several years prior to the conference it was in anticipation of the expected epidemic in the region and to recognize Japan as the only Asian country to acknowledge some of its citizens were living with HIV. Japan also had advanced biomedical research on HIV as well as pioneering research on another retrovirus, HTLV-1, which causes neurological disease with immunodeficiency and is inherent to some Japanese islands.

Japanese organizers prepared thoroughly for the conference, seconding a representative from the Japanese Ministry of Health for two years as a liaison officer to the Global Program on AIDS in Geneva help to plan for the Conference. Yokohama, the host city, had an ultramodern convention centre in the former harbour area, but it was also chosen so that – unlike Tokyo - conference participants would not be distributed in geographically dispersed hotels around the capital where they might have difficulties finding their way to the conference.

The organizers also worked methodically to avoid friction between a conservative Japanese society and western activists, who often used provocative tactics that were anathema in Japan. Organizers held training classes for hotel staff to ensure they were polite to gay couples who wanted to share the same room or to the San Francisco drag queens promoting safe sex and condom use. Customs and immigration officers were drilled on how to respond to conference delegates from sex workers rights’ groups (sex work was officially forbidden in Japan) and on the need to allow import of methadone for drug users on opioid substitution therapy. The hope of the IAS and its local co-organizer was that the enormous amount of preparatory work would leave permanent impressions in the attitudes, legislation and policies of the host country and – hopefully – in a region what was only starting to wake up to its own growing epidemic.

IAS – USA

After San-Francisco-based Paul Volberding completed his term as IAS President in 1992, he established IAS-USA as a private initiative with a mandate to issue HIV treatment guidelines. The guidelines issued by IAS-USA, together with those issued by the US Department of Health and Human Services (DHHS) have become the definitive treatment guidelines for clinicians working in high-income countries. IAS-USA is not affiliated with the IAS, and the name has caused some confusion over the years given that both agencies are involved in HIV clinical research and treatment issues.
A pregnant woman waiting for an HIV test at a UNFPA-supported health centre in Ouanaminthe, Haiti.

© Carina Wint for UNFPA

1996 - 1998
The Treatment Revolution
One World, One Hope: Vancouver 1996

Evil the Opening Ceremony of the XI International AIDS Conference in Vancouver signalled that this was going to be a very different conference from its predecessors. One of the speakers was a white-haired grandmother living with HIV, who said, “I am sure that you are asking yourself how a nice old lady got HIV infected. But I don’t intend to tell you, because it just doesn’t matter.” It was a striking and effective way of addressing assumptions and prejudices about a disease that was affecting every sector of society.

Four Canadian physicians and scientists co-chaired a conference that was finally able to report a significant treatment breakthrough. Clinical researchers reported that using a combination of antiretrovirals – nucleoside reverse transcriptase inhibitors and protease inhibitors or non-nucleoside reverse transcriptase inhibitors – had achieved remarkable clinical results. Highly active antiretroviral therapy (HAART) reduced viral load in peripheral blood to undetectable levels; allowed CD4+ cells, key markers of immune function, to increase; and, most importantly, saw mortality and morbidity among patients drop dramatically. After so many years of disappointing clinical results and bleak prospects, the atmosphere in session halls was electric. HAART revolutionized HIV treatment and care, and for most patients in high-income countries, the prognosis for HIV disease shifted from almost certain fatality to a chronic, manageable illness. The “Lazarus Syndrome” was coined to refer to patients who had returned from the brink of death to good health, and David Ho, one of the lead clinical investigators, was named Time magazine’s Man of the Year. Many also hoped that prolonged antiretroviral therapy would be able to eradicate HIV, although to date this has not been possible due to the persistence of HIV in latent reservoirs in the body, such as in the brain.

However, it quickly became clear that the complex and expensive regimens of antiretrovirals at that time, coupled with sophisticated clinical and laboratory monitoring requirements, meant that areas of the world where the epidemic was most devastating seemed unlikely to reap the benefit of these new treatments. The theme of One World, One Hope began to ring increasingly hollow.

The Evolving Conference Programme

The Geneva Principle, established in 1998, provided for a balance between community and science in the conference programme. In 2004, the Leadership Programme was piloted, in an effort to increase the profile and participation of political and other leaders in the global response to the epidemic. Thereafter, the conference became a balance of science, community and leadership. The Scientific Programme includes all major scientific disciplines, such as basic and clinical science, epidemiology and prevention science, policy, political science, economic and socio-behavioural research. The Community Programme includes skills-building workshops and a variety of sessions addressing the community-based response to the epidemic.

Another balancing act has been to bridge the gap between different cultures, different disciplines and different approaches to mounting an effective response to the epidemic. Some members of the scientific and medical community have not always been comfortable with the multidisciplinary framework that has become the hallmark of the conferences, and many basic scientists, in particular, have gravitated towards smaller meetings and workshops.

Bridging the Gap: Geneva 1998

The theme of the 1998 conference in Geneva, Bridging the Gap, touched on several issues: the gap in treatment access between wealthy and poor; the gap in power and autonomy between men and women; and the gap between governmental authorities and civil society.

As antiretroviral therapy continued to decrease morbidity and mortality in wealthy nations, there were increasing demands to address treatment access in the developing world. At the same time, problems with some antiretroviral drugs were reported, including sometimes serious side effects, the difficulty of adhering to the complex regimens and viral resistance.

The IAS initiated the Young Investigator Awards at the Geneva conference to recognize scientific excellence among young researchers. The awards were selected by a panel of senior scientists on the basis of submitted abstracts and have become a popular feature of every subsequent conference.
A young drama group practices their World AIDS Day HIV prevention activity in the Dominican Republic. This scene examines faithfulness as a possible HIV prevention strategy.

© Helen Hawkings, Courtesy of Photoshare
The bizarre position taken by President Mbeki prompted 5,000 scientists from around the world to publish “The Durban Declaration” in Nature on the eve of the conference, confirming the overwhelming scientific evidence about the aetiology of AIDS. The AIDS denialism of the South African government led some researchers to suggest boycotting the conference. Despite these challenges, and the scepticism about the ability of the IAS and its local organizers to ensure its success and the security of delegates, the Durban conference proved to be a unique opportunity to address both treatment inequity and AIDS denialism. In the Closing Ceremony, former President Nelson Mandela spoke out against the irresponsibility of the South African government on AIDS.

In addition to the other achievements of the Durban conference, it provided local organizers with a financial surplus that supported several national conferences on AIDS over the next several years. A year after the conference, the UN held its first-ever session on a public health issue; the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS 2001) Declaration of Commitment established ambitious goals for treatment, prevention and care. The Global Fund to Fight AIDS, Tuberculosis and Malaria was established the same year, and quickly became the most important financing mechanism for the three major diseases in the developing world.

The success in Durban provided the IAS with the impetus to organize another International AIDS Conference in the developing world as soon as possible. Toronto was scheduled to host the 2004 conference, but conference Co-Chair Mark Wainberg and his Canadian colleagues generously agreed to move the Toronto conference to 2006 so that Bangkok could host the 2004 conference.
The Push for Universal Access

2002 - 2004

Paris FRANCE Act Up AIDS Activists Protesting at Pharmaceutical Corp headquarters “Glaxo Wellcome” For Immediate Release of Drug Act Up AIDS / © Alamy
The 2002 Barcelona Conference

By the time the Barcelona conference was held in 2002, the scientific programme content had grown from an initial focus on basic science and biomedical issues to include six tracks: basic science; clinical science and care; epidemiology; prevention science; social science; and interventions and programme implementation. There was greater participation by women and individuals from low- and middle-income countries in the conference programme, and greater focus on research into microbicides and other female-controlled prevention technologies. The “Durban effect” from the conference in 2000 increased the importance of HIV on the world’s political stage, and the 2001 UNGASS commitments and the creation of the Global Fund as an important new stakeholder in the global architecture helped propel AIDS onto the agenda of future G8 summits.

While this was enormously beneficial, it also created new challenges for the organizers who were beginning to incorporate a greater role for political leadership into the conference programme. The US administration pressured the IAS and its co-organizers to change the programme in Barcelona so that the US Secretary of Health and Human Services, Tommy Thompson, would not have to speak in the same session as Senator Mechai Viravaidya from Thailand. Mechai Viravaidya was the man behind the success of an aggressive condom promotion campaign in Thailand and was known as “Mr Condom”. He was not considered appropriate company for Mr. Thompson. When Thompson started to speak, his presentation was drowned out by a sustained chorus of boos and whistles that eventually drove him from the podium. The outraged US government administration blamed the IAS for the fracas and, in addition to withdrawing financial support, the US Congress limited by law the number of federally-supported researchers that could participate in future international conferences to a maximum of 50. This was a striking reduction from the 236 who participated in Barcelona, particularly striking at a time when the US government was preparing to launch the largest bilateral aid programme in the world to fight HIV/AIDS – the President’s Emergency Plan for AIDS Relief (PEPFAR). Meanwhile, the US law restricting entry of people living with HIV/AIDS (PLHIV) into the country remained in place.

Former Presidents Bill Clinton and Nelson Mandela were two of the high-profile leaders to participate in the Barcelona conference. Both publicly expressed their regret at not having done more to fight AIDS during their presidencies, although both have since established foundations in which AIDS is a significant focus. Clinton and Mandela reflect the growing political commitment to respond to the epidemic after 2000. Global players, including most G8 nations, significantly increased resources allocated for AIDS during this period, and the International Treatment Access Coalition (ITAC), an alliance of donor and recipient countries, civil society organizations and UN bodies focused on increasing access to ARV treatment in the developing world, was launched. ITAC quickly evolved into “3 by 5”, the bold initiative announced in late 2002 by WHO and UNAIDS to treat half the people in need of antiretroviral treatment (three million) by the end of 2005.

Although the “3 by 5” target was not reached until the end of 2007, the combination of events that coalesced at the turn of the millennium, including intense activism, corporate philanthropy in the pharmaceutical sector, generic competition, and the development of protective provisions for poor countries under international trade law led to dramatic reductions in the price of antiretrovirals. This, combined with increased financial and political commitment from donors, recipient governments and international and local civil society and intergovernmental agencies, enabled the launch of programmes to rapidly scale up HIV interventions. People living with HIV/AIDS and the communities most vulnerable to HIV played a central role in galvanizing this public health revolution.
The Bangkok Conference in 2004

The choice of Thailand as a host country not only reflected the decision taken by the IAS at Durban in 2000 to rotate the conferences between developed and developing countries, but was also an attempt to recognize the effectiveness of Thailand’s prevention programme while bringing the conference to a region of the world where one fourth of new infections were occurring. The conference theme, Access for All, reflected the goal of universal access to HIV prevention, care and treatment interventions and the enormous growth in political attention, resources and profile since Durban. By the end of July 2004, the Global Fund had approved more than US$3 billion dollars in grants and disbursed more than half a billion dollars to grant recipients. The success of the Global Fund in attracting and disbursing significant resources within a relatively short time after its inception in 2002 had many speakers and activists in Bangkok calling on both government and the private sector to “fund the Fund”. PEPFAR was also launched that year, an unprecedented US$15 billion, five-year bilateral programme focused on delivering HIV prevention, care and treatment in 15 focus countries.

The conference was organized with the Thai Ministry of Public Health, which had achieved significant reductions in HIV incidence as a result of a government-initiated 100% condom use initiative and public awareness campaign. Thailand was also one of the first developing country governments to scale up provision of antiretroviral treatment for people living with HIV and as prevention of mother-to-child transmission (PTMCT), Thailand also had a strong history of international scientific collaboration. Unfortunately, its success in tackling its generalized epidemic was not replicated in its approach to injecting drug users, who account for a significant portion of the epidemic in Thailand. The “war on drugs”, which the government began implementing in 2003, resulted in more than 2,000 unexplained murders of injecting drug users and the arbitrary arrests of thousands more, with negligible impact on the epidemic among this population. By hosting the conference in Bangkok in 2004, the IAS hoped to highlight the successes of the Thai experience in responding to HIV while bringing global attention to the downside of a criminal justice versus public health approach to injecting drug use.

The experience with the Durban conference and subsequent international and national meetings, such as UNGASS and the G8 meetings, underscored the need to secure commitments on AIDS from political and other leaders and hold them accountable. The Bangkok conference featured the first Leadership Programme, recognizing that the best scientific evidence and community engagement and activism would be insufficient to reverse the epidemic without energetic and sustained leadership from political and other leaders. The objectives of the Leadership Programme were to promote concrete commitments by political leaders and others in the response to AIDS. UN Secretary-General Kofi Annan, Thai Prime Minister Thaksin and women and children’s rights advocate Graça Machel served as patrons.

The programme attracted leaders from a broad range of sectors, from political icons such as Nelson Mandela and Sonia Gandhi to community leaders like the TAC’s Zackie Achmat and private sector leaders like Pfizer CEO Hank McKinnell and MTV President Bill Roedy.

The IAS and its partners also piloted the Global Village and the Youth Programme in Bangkok; they have since become highly popular components of the conference programme. The Global Village is open to the general public and acts as a bridge between local communities and the researchers, health professionals, leaders and community representatives taking part in the formal conference proceedings. The Youth Programme enables thousands of young people from around the world to discuss the response to the epidemic and to generate new ideas that meet the evolving prevention, treatment and human rights issues facing young people.

Bangkok also saw some of the most intense and controversial activism since the late 1980s, with several commercial booths owned by the pharmaceutical industry destroyed by protesters. The anger from industry officials about the perceived lack of security provided by the IAS and its partners led to an intense round of consultations and a Freedom of Expression and Peaceful Protest policy, which established ground rules for future activism.
2004 - 2008
Consolidation and Expansion
In 2002 the GC decided to move the IAS Secretariat from Stockholm to Geneva in order to be closer to other major international health and development organizations as well as UNAIDS and WHO, with which it had established a close working relationship. The GC put in place a new management structure and additional professional staff were recruited to organize the International AIDS Conferences and IAS Conferences on HIV Pathogenesis and Treatment. The Secretariat moved from Stockholm to Geneva in September 2004 under the leadership of newly-hired Executive Director Craig McClure, a Canadian with a long work history in AIDS both internationally and in his native country. Secretary-General Lars Kallings retired at the end of 2002 after serving two full four-year terms. Expanding the IAS Secretariat and strengthening stewardship of the conferences became possible by including office infrastructure, staff salaries and other costs in the conference budgets. Fundraising for initiatives and other activities between conferences allowed the IAS to expand its policy and programme staff and increase its capacity to contribute to policy development, advocacy and regional partnerships work between the international conferences. The move also allowed the IAS to streamline its growing online presence and IT platform to reach out to members, improve existing clear and transparent election procedures for the GC and its executive, and provide additional opportunities for communication through its online newsletter, email updates and other tools. IAS was unique in that it was a global NGO of individual members working professionally in HIV, growing from almost 6,000 members at the time of the move in 2004 to over 10,000 members in 2008.

The GC also established a strategic plan for the organization; Stronger Together: Strategic Framework 2005 – 2009, defined objectives for the IAS in four areas: Governance and Membership, Education, Networking and Promotion of Best Practice, Policy/Advocacy and Long-Term Financial Sustainability. The framework included a new mission statement and vision for the organization: a worldwide force of professionals working to prevent, control and treat HIV/AIDS.

Time to Deliver: The 2006 Toronto Conference

By the time the 2006 conference was held in Toronto, the IAS Secretariat had a staff of 30, most of whom were working on the conference, allowing the organization to strengthen links between the conference and other global initiatives. The IAS Secretariat worked closely with the AIDS 2006 Toronto Local Host in the planning and implementation of the conference. The theme of the Toronto conference – Time to Deliver - reflected a growing sense in the AIDS field that, despite significantly increased resources and 25 years of accumulated evidence, the global response was still falling short in its efforts to curb the epidemic and care for those infected. Populist opinion and political expediency were too often winning the battle over scientific evidence, and global financing for HIV was still falling well short of the resources required to meet universal access targets. Gender inequity, homophobia and discrimination against sex workers and drug users continued to hamper prevention efforts, and the epidemic was growing quickly in regions such as Eastern Europe and Central Asia. Progress was beginning to be made, and with increased resources and political commitment, it was time to deliver.

The conference had an unprecedented number of high-profile speakers, including Bill and Melinda Gates and US President Bill Clinton. They drew significant media attention to the conference and also a personal history of commitment to the global response through the work of their foundations. The Toronto conference was notable for its focus on female-controlled prevention technologies, including microbicides, cervical barriers and pre-exposure prophylaxis (PrEP). It was also the conference in which the issue of accountability, particularly political accountability in the response to AIDS, became a consistent refrain of speakers.
Regional Partnerships

The first regional conference on AIDS in Africa was held in Brussels in 1985, simply because no African government was willing to host a conference on AIDS at the time. The first one in Africa was held in Arusha, Tanzania, in 1988. The IAS has supported the Society on AIDS in Africa and its International Conferences on AIDS/STDs in Africa (ICASA) since the 1995 ICASA conference in Kampala, Uganda, through direct financial support, in-kind donations and technical support.

Similarly, the IAS has supported the AIDS Society of Asia Pacific (AASAP) and the International Congresses on AIDS in Asia and the Pacific since the 1995 Chiang Mai conference in Thailand, and the Forum on HIV and Sexually Transmitted Infections in Latin America and the Caribbean.

In 2006, the IAS established a Regional Partnerships Department to strengthen its links and collaboration with the independent regional conferences and societies. It co-organized the first and second Eastern European and Central Asian AIDS Conferences in Moscow with the Russian Federation and AIDS Infoshare, along with UNAIDS and the Global Fund, advocating for opioid substitution therapy as part of a comprehensive package of harm-reduction approaches to that region’s burgeoning epidemic among injecting drug users. The IAS continues to expand its work with regional partners, both to strengthen information exchange and other links between the independent regional conferences and societies.

Research Initiatives

As part of its effort to address critical but under-resourced areas of research, the IAS co-sponsored conferences on microbiotics in Montreal in 1999 and in Washington, DC in 2000. Along with a panel of experts from Africa, Asia, Europe, North and South America, the IAS also issued a position paper (Prevention of HIV-1 Mother-to-Child Transmission in 1999 to address the need for greater attention to PMTCT.

The Industry Liaison Forum (ILF) was established in 2001, and retains a strong profile at the IAS today. The goal of the ILF is to accelerate scientifically promising, ethical HIV research in resource-limited countries with a particular focus on the role and responsibilities of industry as sponsors and supporters of research. Led by an advisory group of senior clinicians and public health experts from both industry and academia, it published one of the first post-trial care guidelines in 2002; more recently, it addressed ethical, operational and scientific issues related to PrEP clinical research.

The burgeoning area of biomedical prevention research involving the use of approved antiretrovirals has been dogged by controversy, and several Phase III trials in Cameroon, Cambodia, Malawi and Nigeria were suspended due either to ethical concerns raised by Act-Up Paris and some local community groups or to the lack of a research infrastructure capable of managing the large cohorts required to establish efficacy in HIV prevention trials. The ILF held several meetings and hosted satellites at both AIDS 2006 and IAS 2007, examining the issue from a variety of perspectives, including civil society, trial sponsors (including the US Centers for Disease Control and Prevention, the National Institutes of Health, and retains a strong profile at the IAS today. The goal of the ILF is to accelerate scientifically promising, ethical HIV research in resource-limited countries with a particular focus on the role and responsibilities of industry as sponsors and supporters of research. Led by an advisory group of senior clinicians and public health experts from both industry and academia, it published one of the first post-trial care guidelines in 2002; more recently, it addressed ethical, operational and scientific issues related to PrEP clinical research.

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The ethical issues, such as the demand that all available prevention modalities, including needle and syringe exchange, be delivered to all trial participants, are challenging to meet in countries in which these are not allowed. The approach also has an impact on the risk behaviour of trial participants, resulting in the need for ever-larger cohorts required to power the studies appropriately. More recently, the ILF has focused on strengthening the participation of developing world investigators in a forum that is dominated by stakeholders from high-income countries, and is focusing on paediatric research and research on women.
Education Initiatives

The IAS has also delivered a number of education programmes outside of the conferences. The first of these was Share – an Education Programme in HIV Clinical Care, which started in 2001. Share was an important initiative at a time when antiretroviral treatment access was extremely limited in developing countries, and experience with antiretroviral drugs almost non-existent. Working with a number of international collaborators, IAS used a “train the trainer” approach, training senior clinicians on HIV clinical care using the new ARVs. They in turn trained clinicians through national and regional training programmes, developing a cadre of knowledgeable health care professionals that helped prepare countries for the scale-up of treatment programmes in 2003 and beyond. The programme ended once training programmes began to expand regionally and nationally to support developing country clinicians to provide ARV therapy.

The IAS delivered skills-building workshops at AIDS 2006 in Toronto and at regional conferences, sponsored by its electronic journal, on how to write a manuscript for publication, and on building capacity for young investigators in writing abstracts and preparing effective conference presentations. At IAS 2007, it delivered a pilot education programme aimed at young investigators working in basic science, clinical research and prevention science. The cross-disciplinary focus and participation of senior researchers as course instructors resulted in one of the most highly-evaluated initiatives organized by the IAS, and it will continue to be refined and delivered at future conferences.

A DELICATE BALANCE: FUNDRAISING

Planning and delivering conferences which now attract more than 20,000 delegates, exhibitors and volunteers is enormously expensive; registration fees cover only a small portion of the cost. Like other non-governmental organizations, fundraising has become an essential IAS activity. Nevertheless, although financial support is critical, it is equally important for the IAS and the conferences to remain financially and politically independent. The pharmaceutical industry supports the conferences through direct sponsorship, by renting space for commercial exhibitions, and by in-kind contributions. To ensure there is no influence on the programme, grants must be unrestricted and commercial satellites cannot compete with the formal conference programme; nor are industry representatives allowed on conference planning committees. Bilateral agencies, research institutes and private foundations have also become an important source of funding, sometimes directed at specific programmes, such as scholarships for delegates from developing world nations. The IAS works closely with donors on logistics, exhibitions, security and accommodation.
IAS Conferences on HIV Pathogenesis and Treatment: 2001 - 2007

The 1988 IAS by-laws included a commitment to organize small specialty conferences and workshops in addition to the large International AIDS Conferences; the opportunity to begin organizing these conferences emerged once the larger conferences were shifted to a biennial schedule. The IAS Conferences on HIV Pathogenesis and Treatment focus on basic science and biomedical issues, including novel therapeutics, side-effect profiles, simplified drug regimens, drug resistance and strategies for increasing patient adherence. The conferences also deliver continuing medical education and address emerging clinical trial issues, including trial design and ethical issues.

Pedro Cahn chaired the first IAS Conference on HIV Pathogenesis and Treatment in Buenos Aires in 2001. The conference attracted about 3,300 participants, including more than 600 participants who were supported by the conference's scholarship programme. The success of the conference provided the foundation for the 2003 conference in Paris, which attracted more than 5,000 participants, and for the 2005 conference in Rio de Janeiro, where biomedical prevention science was added to the programme, in recognition of a research field growing rapidly in size and importance.

By the time the IAS was organizing the 4th IAS Conference, now referred to as the IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2007), in Sydney, billions of dollars in new financing for AIDS were being allocated to low- and middle-income countries through multilateral, bilateral and private foundation programmes; treatment coverage alone had risen from 400,000 in 2003 to more than 2 million by the end of 2006, or 28% of those in need. With scale-up came new challenges, including concerns that HIV programmes were not well coordinated, either with each other or with the planning and budgeting process of national health authorities, and that disease-specific programmes, such as those delivering HIV interventions, needed to intensify integration with other health care areas such as primary care, sexual and reproductive health, TB and hepatitis prevention, and treatment and maternal care. New questions also were emerging about how to best implement the public health approach to delivering a range of HIV treatment, care and prevention interventions using the standardized population-based approach recommended by WHO for maximizing treatment coverage.

This was the background against which the Sydney Declaration was issued by the organizers of IAS 2007 in The Lancet. The Sydney Declaration drew attention to the need for operations research to guide scale-up efforts, calling for donors to allocate 10% of all HIV resources to research. Although some activists were initially concerned that the text could be interpreted to draw resources away from treatment and prevention programmes, the intent was to call attention to the urgent need for research to answer pressing questions about what works and what does not in what has been described as the greatest public health experiment in the world – the rapid scale-up of ARV therapy throughout the world. The declaration noted that “good research drives good policy”, and was quickly endorsed by the World Bank and other global players. The IAS, WHO, the World Bank and the Global Fund co-hosted a meeting in March 2008 to obtain the input of a range of stakeholders to help identify research priorities and allocate roles and responsibilities in implementing the Sydney Declaration recommendations.

The IAS has added implementation and operations research as a new track for the next HIV Pathogenesis, Treatment and Prevention Conference, scheduled to take place in Cape Town, South Africa, in July 2009. It will be the first IAS Conference on HIV Pathogenesis, Treatment and Prevention to be held in Africa.
Into The Future

The International AIDS Conference is one of the very few international meetings in which programmatic and personal experience is presented alongside traditional scientific research. This blend of scientific research, community engagement and the participation of influential leaders involved in the global response have helped to make it the world’s largest regular forum on any health or development issue.

The 2008 conference in Mexico City, the first to be held in Latin America, will expand its focus on the need to mobilize the HIV community to address strengthening of health systems in order to achieve universal access to HIV prevention, treatment, care and support. The theme of the conference, Universal Action Now, emphasizes the urgent need for action at all levels – local, national, regional and international – 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 of the world.

The IAS now has five staff members dedicated to policy and programmes, led by a Director, to advance work in five priority policy and advocacy areas: advancing scientific evidence into action; health systems strengthening (and especially strengthening the health workforce in HIV/AIDS); integration of HIV and other health services, especially TB and HIV; ending stigma and discrimination; and strengthening of HIV social research. The increase in advocacy activities, including expanding the number of editorials and interventions by the IAS confronting issues such as the imprisoned Bulgarian health care workers falsely accused of infecting children with HIV in Libya, and the recent imprisonment of gay men in Senegal for speaking out on gay equality issues, reflects its expanded capacity and determination to translate 25 years of evidence with HIV into action.

The determination includes the IAS’ commitment made at its inception to address stigma and discrimination as a fundamental barrier to an effective response.

The IAS has intensified its efforts to remove legal barriers that continue to exist in many countries that restrict entry of people living with HIV/AIDS. We look forward to the day when the rights of people living with HIV to move freely between countries will be ensured.

As has been the case for the past 20 years, the future of the IAS will mirror the future of the epidemic, and the IAS will continue to leverage the enormous passion and collective wisdom of its members, staff and stakeholders in the fight against AIDS.
1988-1990
Lars O. Kallings

1990-1992
Paul Volberding

1992-1994
Peter Piot

1994-1998
David Cooper

1998-2000
Mark Wainberg

2000-2002
Stefano Vella

2002-2004
Joop Lange

2004-2006
Helene Gayle

2006-2008
Pedro Cahn

2008-2010
Julio Montaner

2014-2016
Kagawa

Presidents

1985 – Atlanta
2,000 participants (NY Times)

1986 – Paris
2,600 participants

1987 – Washington, DC
6,300 participants (NY Times)

1988 – Stockholm
7,500 participants

1989 – Montreal
The Scientific and Social Challenge of AIDS, 12,000 participants (CMAJ)

1990 – San Francisco
AIDS in the Nineties: From Science to Policy, 11,000 participants (NY Times)

1991 – Florence
Science Challenging AIDS, 8,000 participants (NY Times)

1992 – Amsterdam
A World United Against AIDS, 8,000 participants (NY Times)

1993 – Berlin
14,000 participants (NY Times)

1994 – Yokohama
The Global Challenge of AIDS: Together for the Future, 10,000 participants (Boston Globe)

1996 – Vancouver
One World One Hope, 15,000 participants (NY Times)

1998 – Geneva
Breaking the Silence, 15,000 participants including 1,400 media

2000 – Durban
Time to Deliver, 18,500 participants

2002 – Barcelona
Knowledge and Commitment for Action, 18,500 participants

2004 – Bangkok
Access for All, 18,500 and 2,600 media

2006 – Toronto
Time to Deliver, 26,000 participants

2008 – Mexico City

Conferences

2006-2008
Pedro Cahn

2008-2010
Julio Montaner
The Authors

Lars Kallings

Lars O. Kallings was appointed by the UN Secretary-General Kofi Annan in May 2003 to serve as his Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, and he was reappointed by the new Secretary-General Ban Ki-moon. Kallings has been internationally engaged in HIV/AIDS since 1984, when he was Director of a WHO Centre of Excellence.

In 1988-1990, he was Chairman of the Global Commission on AIDS. In 1990-1993, Kallings was Senior Adviser to the WHO Global Programme on AIDS on Scientific and Policy Affairs.

Kallings was the founding President of the International AIDS Society (IAS) in 1988. As its Secretary-General from 1994 to 2002, he played a key role in shaping the IAS as the world’s first global society for scientists and health care workers committed to the prevention and treatment of HIV/AIDS.

Kallings graduated from the Karolinska Institute in 1957 appointed as associate professor in virology in 1961 at that Institute. He became professor in Clinical Microbiology in 1963 and served as a consultant to the Stockholm County General Hospital 1963-1982. He was Director-General of the Swedish National Institute for Infectious Disease Control 1982-1988 and Nordic representative and Vice Chairman of the WHO Executive Board in 1988-1990 and Chairman of the Board’s Drug Committee.

Kallings was born in Stockholm in 1930. He is married, has five children and many grandchildren.

Craig McClure

Craig McClure has been the Executive Director of the International AIDS Society (IAS) since 2004. He oversees the IAS’ move to Geneva, Switzerland, the restructuring and expansion of the Secretariat and the development and implementation of the 2005-2009 IAS strategic plan.

His educational background is in political science, international relations, education and counseling.

In 2003-2004 McClure played a central role at the World Health Organisation (WHO) headquarters as a member of the coordination team for the development of the “3 by 5” strategy – WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) initiative to expand ARV treatment access for people living with HIV/AIDS in resource-limited settings. Prior to working with WHO, McClure worked for the International AIDS Vaccines Initiative (AVI), focusing on mobilizing public sector support for vaccine research, as well as working on policy development in vaccine research and access.

As a founding partner of the consultancy Health Hounds, McClure led a number of HIV/AIDS policy and programme development projects for intergovernmental, governmental, non-governmental and corporate sector clients during 1997-2000. Prior to 1997, McClure worked for four years for the Canadian Treatment Information Exchange, a non-governmental organization focused on HIV treatment information, education and advocacy.

McClure is a Canadian citizen. His husband, Ian Grubb, is also a leader in the global fight against HIV/AIDS.