This report is dedicated to the memory of our colleagues who were on board Malaysia Airlines flight MH17:

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Programme Manager, Bridging the Gaps

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Glenn Thomas  
Department of Communications, World Health Organization

Lucie van Mens  
Director of Program Development and Support, The Female Health Company

PROFESSOR JOEP LANGE
PRESIDENT, INTERNATIONAL AIDS SOCIETY 2002-2004

Professor Lange was an early champion of universal access to HIV treatment and built a body of evidence through his research to prove the transformative effect treatment can have on people living with HIV. In 2001, he founded the PharmAccess Foundation, a not-for-profit organization that worked to improve access to HIV/AIDS medicines in developing countries.

Professor Lange served as president of the IAS from 2002 to 2004, a period which saw the organization grow and modernize its approach to hosting what has become the world’s largest scientific conference focused on HIV.

In 2006, Professor Lange became Professor of Medicine at the Academic Medical Center, University of Amsterdam and Senior Scientific Advisor to the International Antiviral Therapy Evaluation Centre, Amsterdam. Before his death, he was a Professor of Medicine at the University of Amsterdam and a Scientific Director at the Amsterdam Institute for Global Health and Development, and served on Accordia Global Health Foundation’s Scientific Advisory Board.

Professor Lange’s partner, Jacqueline van Tongeren, was a passionate HIV advocate, devoted to strengthening human resources for health and improving the health workforce.

Their work was fundamental to improving the lives millions of people living with HIV. For their dedication and spirit, they will always be remembered.
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20TH INTERNATIONAL AIDS CONFERENCE

The 20th International AIDS Conference (AIDS 2014), the largest health conference ever hosted in Melbourne, Australia was held from 20 to 25 July 2014. This prestigious, global event attracted nearly 12,000 participants from 170 countries. Held every two years, the International AIDS Conference is the premier gathering for those working in the field of HIV, as well as policy makers, people living with HIV and other individuals committed to ending the epidemic. Over 600 media representatives attended the event in person covering the 500+ sessions and activities. In addition 1,000 volunteers supported the organizers onsite.

PROGRAMME

The conference programme was developed by the Conference Coordinating Committee (CCC) and three different programme committees: the Community Programme Committee (CPC), the Leadership and Accountability Programme Committee (LAPC) and the Scientific Programme Committee (SPC). The SPC consisted of 5 scientific conference tracks:

**Track A:** Basic and Translational Research
**Track B:** Clinical Research
**Track C:** Epidemiology and Prevention Research
**Track D:** Social and Political Research, Law, Policy and Human Rights
**Track E:** Implementation Research, Economics, Synergies with other Health and Development Sectors
The conference hosted more than 500 sessions and activities including:

- 5 plenary sessions
- 60 non-abstract driven sessions
- 43 abstract driven sessions (over 2,300 abstracts)
- 24 poster presentation sessions
- 51 workshops
- 47 Global Village sessions
- 176 programme activities including networking zones, art exhibits, and film screenings
- 97 satellite sessions
- Over 1,100 speakers from 82 countries participated in the programme
- 16 engagement tours were held with local organizations including the Victorian AIDS Council, Melbourne Sexual Health Centre and the Victorian Aboriginal Health Service.
- An exhibition area of 5,000m² hosted 101 booths:
  - 51 non-commercial booths
  - 44 commercial booths
  - 6 publisher booths
- 55 affiliated independent events were held outside of the Melbourne Convention and Exhibition Centre, including pre-conferences, workshops, marches and exhibitions

**CONFERENCE HIGHLIGHTS**

Some of the major scientific news at AIDS 2014 included:

- Advances in HIV cure research
- Excitement around new antiviral treatment options that can cure the hepatitis C virus
- The growing body of evidence on the implementation of novel prevention interventions

Despite successful interventions and country-level programmes in the HIV response, including the reduction in new infections, reduction in AIDS-related deaths and increase in treatment coverage, AIDS 2014 delegates recognized that more concerted efforts are needed to meet the needs of those living with HIV and those at higher risk of infection. Notably, one of the key take-home messages was that a one-size-fits-all approach may not be suitable for all settings, especially given the geographic diversity of the epidemic. Therefore, interventions and policies require strategies that are population and location specific in order to have optimal impact. In the context of advocacy, there was recognition that greater support of Key Populations is needed, especially in countries where discriminatory policies and legislation are hindering prevention and treatment efforts.

Sir Bob Geldof reflected on some of the challenges in stepping up the HIV response in developing countries. © 2014 IAS/ Steve Forrest
below:
Sharon Lewin, Local Co-Chair and 2014 Melburnian of the Year, at the Official Closing Session Press Conference.
Photo © 2014 IAS/James Braund

below:
Françoise Barré-Sinoussi, International Chair, IAS President and 2008 Nobel Laureate in Medicine, at the Official Closing Session Press Conference.
Photo © 2014 IAS/James Braund

above:
Robert Doyle, Lord Mayor of Melbourne, and John Manwaring, Community Advocate.
Photo © 2014 IAS/James Braund

above:
Marama Pala, HIV Advocate
Photo © 2014 IAS/James Braund
GLOBAL VILLAGE HIGHLIGHTS

The AIDS 2014 Global Village was a diverse and vibrant space that covered an area of 6,500m². Here, communities from all over the world gathered to meet, share and learn from each other. It was a space that showed conference participants how science translates into community action and intervention. The Global Village was open to conference delegates and to the general public, and admission was free, providing 220 activities and attracting 6,000 visitors throughout the conference week. Global Village activities included:

- Youth pavilion sessions, workshops and networking opportunities in the youth positive lounge
- Singing performed by the Melbourne Gay and Lesbian Chorus
- Women’s theatre from the Ukraine
- Transgender dancers from South and South East Asia
- Hula dancers from Hawaii
- Returning performers from previous conferences including Positive Runway Fashion Parade, UK

DELEGATE NUMBERS

Regular Delegates: 6,802
Student/Youth/Post-Docs: 740
Media Representative: 640
Exhibitors: 570
Day Passes: 656
Accompanying persons: 305
Other registrations: 2,334
TOTAL 12,047

Total number of countries represented: 173

Dolly Diamond, the Global Village MC, welcomed participants to the opening ceremony in style. Photo © 2014 IAS/ James Braund
MEDIA

AIDS 2014 was attended by 628 representatives from local, national, regional, and international media. Throughout the conference week the media had access to a state-of-the-art on-site Media Centre that served the needs of print, broadcast and radio journalists covering the conference. The online Media Centre summarizes all AIDS 2014 media coverage. Additional media coverage included:

- Special online conference coverage was provided by FHI 360, sharing highlights through various social media channels, including Twitter, Facebook, op-eds and blogs
- WebsEdge TV provided an on-site AIDS 2014 TV channel, featuring programme highlights and interviews. The broadcasts could be viewed on screens throughout the venue, and on specific TV-channels of selected AIDS 2014 accommodation providers
- NAM aidsmap was the official provider of online scientific news. It offered stories on major scientific presentations and hosted online discussion forums for HIV implementers. NAM also published a free daily news bulletin in English, French, Portuguese, Spanish and Russian
- Clinical Care Options (CCO) offered scientific analysis for delegates and journalists including expert audio highlights, capsule summaries of important clinical data, and downloadable slide sets
- The AIDS 2014 Online Photo Library can be accessed through this link. It includes all high-resolution photos and images of the conference that are free for use by media and others (with appropriate credits)
- AIDS 2014 videos, including daily key conference sessions and daily highlights of Global Village activities, can be accessed through YouTube
- For an overview of all AIDS Media Clippings, please visit this page

AIDS 2014 LEGACY

Several key policy changes can be attributed to the hosting of AIDS 2014 in Melbourne.

In the lead up to the conference, two new initiatives commenced in Victoria – a rapid testing facility (PRONTO) and a trial of Pre-exposure Prophylaxis, two key biomedical interventions for the prevention of HIV transmission.

The AIDS 2014 Legacy Statement, signed by all health Ministers in Australia, commits to the virtual elimination of new HIV transmission in Australia by 2020, and takes a strong stance on the elimination of HIV-related stigma and discrimination. The Legacy Statement influenced Australia’s 7th National HIV strategy which was released at AIDS 2014.

Australian advocates involved in planning AIDS 2014 leveraged the conference to build momentum against that country’s only HIV-specific criminal law and less than one year later, the law was repealed.

At the international level, the Local Co-Chair, with the support of the MPG and other stakeholders was able to facilitate a process which resulted in the removal of Australia from UNAIDS’ list of countries with HIV-related travel bans. This achievement had significant impact on Australia’s reputation as a global leader in HIV programming and policy.

ORGANIZATION

The conference was organized by a number of international, local and regional partners. The international partners were: the International AIDS Society (IAS), the International Community of Women Living with HIV/AIDS (ICW), the Global Network of People Living with HIV (GNP+), the International Council of AIDS Service Organizations (ICASO), Sidaction, Positive Women’s Network - South Africa and the UNAIDS Secretariat, the Chair of the UN Co-Sponsoring Organizations.

The conference’s Australian (local) and Asia/Pacific (regional) partner organizations consisted of the Australian Agency for International Development (AusAID), the Australasian Society for HIV Medicine (ASHM), the National Association of People living with HIV/AIDS (NAPWA), AIDS Society of Asia and the Pacific (ASAP), the National AIDS Research Institute (NARI) and the Asia Pacific Network of Sex Workers (APNSW).
BASIC AND TRANSLATIONAL RESEARCH

Track A featured presentations research towards a cure and a vaccine. Discussion highlighted the critical need for better antiretroviral treatment coverage and earlier initiation of HIV treatment; those initiated early will be more likely to benefit from advancements in treatment to come.

CLINICAL RESEARCH

Track B highlighted the value of targeting resources for transmission and population “hot spots” and presented evidence that greater community treatment coverage reduces infection risk at the population level. Tuberculosis was a priority topic of discussion along with an emerging discourse on chronic obstructive pulmonary disease as an HIV-related co-morbidity.

EPIDEMIOLOGY AND PREVENTION RESEARCH

Track C introduced new evidence from the IPREX open label extension trial showing a higher effectiveness in protection from HIV infection than that indicated during the randomized control trial. Long-awaited evidence on the relationship between circumcision and heterosexual HIV transmission was presented, as were the World Health Organization guidelines on key populations. There were calls for consideration of Pre-exposure Prophylaxis (PrEP) for men who have sex with men and for community distribution of naloxone for drug overdose prevention.

SOCIAL AND POLITICAL RESEARCH, LAW, POLICY AND HUMAN RIGHTS

Track D focused on the criminalization of risk behaviours and HIV transmission among other issues. The Lancet supplement on HIV and sex work was launched at the conference and brought attention to this high-risk and underserved key affected population group. Evidence was presented regarding the relationship between the criminalization of sex work and increased risk, and on the role sex workers themselves can play in improving response effectiveness.

IMPLEMENTATION RESEARCH, ECONOMICS, SYNERGIES WITH OTHER HEALTH AND DEVELOPMENT SECTORS

Track E drew the largest number of abstracts and featured presentations highlighting implementation science. In particular, evidence presented demonstrated that early disclosure of their status among HIV-positive adolescents improves adherence to life-saving medications. There were also several presentations further demonstrating effective implementation Option B+ for addressing HIV among women and children.
PARTNERSHIPS

PERMANENT PARTNERS OF THE INTERNATIONAL AIDS CONFERENCE

• The Global Network of People Living with HIV (GNP+)
• The International Community of Women Living with HIV/AIDS (ICW)
• The International Council of AIDS Service Organizations (ICASO)
• The International AIDS Society (IAS)
• UNAIDS

AIDS 2014 PARTNERSHIPS

• The AIDS Society of Asia and the Pacific (ASAP)
• Asia Pacific Network of Sex workers (APNSW)
• The Australasian Society for HIV Medicine (ASHM)
• The Australian Government
• The National Association of People living with HIV Australia (NAPWHA)
• The National AIDS Research Institute (NARI)
• The Positive Women's Network (PWN)
• Sidaction

Photo shows Sheila Tlou and Michel Sidibe. Photo © 2014 IAS/James Braund
The International and Media Scholarship Programme provides full and partial scholarships to facilitate the participation of practitioners and actors who would otherwise be unable to attend the conference. Scholarships are awarded to those who would be most likely to apply learning and new knowledge from the conference to the greatest effect in their organisations and communities upon their return.

In 2014, over 7,200 applications were received from 181 countries, from all areas of the HIV field, including science, community and media. A total of 460 recipients were awarded a full or partial scholarship from the pool of applicants by the Scholarship Review Committee, based on recommendations and criteria established by the AIDS 2014 Conference Coordinating Committee (CCC), the Scientific Programme Committee (SPC), the Workshop Working Group and the Global Village and Youth Programme Working Group.

The majority of scholarships were offered to delegates who directly contributed to the conference programme through an abstract, a workshop and/or a programme activity. In addition, a small number of media representatives were funded to attend both the conference and a pre-conference briefing. Priority was given to women, people living with HIV and young people.
PRIZES AND AWARDS

Prize for Excellence in HIV Research Related to Children Presentation, with winner Xu-Dong Zhang, China (centre) and Françoise Barré-Sinoussi (IAS) (right). Photo © 2014 IAS/Steve Forrest
PRIZES AND AWARDS

IAS/ANRS YOUNG INVESTIGATOR AWARD
The USD 2,000 IAS/ANRS Young Investigator Award is jointly funded by the IAS and the Agence Nationale de Recherche sur le sida et les Hépatites Virales (ANRS) to support young researchers who demonstrate innovation, originality, rationale and quality in the field of HIV/AIDS research. One prize was awarded to the top scoring abstracts in each of the conference tracks, plus an additional award for a Special HIV Cure prize. Prizes were awarded to the following researchers for their abstracts:

Track A: Basic and Translational Research
Matthew Woods, Canada, “Interferon-induced HERC5 protein inhibits HIV-1 replication by two novel mechanisms and is evolving under positive selection”

Track B: Clinical Research
Sarah E. Rutstein, USA, “Identifying persons with acute HIV infection in urban Malawi HIV testing and sexually transmitted infection clinics: an opportunity for HIV transmission prevention”

Track C: Epidemiology and Prevention Research
Jillian Pintye, USA, “Male circumcision and the incidence of syphilis acquisition among male and female partners of HIV-1 serodiscordant heterosexual African couples: a prospective study”

Track D: Social and Political Research, Law, Policy and Human Rights
Lucie Cluver, South Africa, “Threefold increased suicide attempt incidence amongst AIDS-affected and abused adolescents in South Africa: a prospective national study”

Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors
Ashley Grosso, USA, “Prevention and treatment needs of women who started selling sex as minors”

Special HIV Cure Prize
Gilles Darcis, Belgium, “Synergistic activation of HIV-1 expression by compounds releasing active positive transcription elongation factor b (P-TEFb) and by inducers of the NF-kB signaling pathway”
PRIZES AND AWARDS

WOMEN, GIRLS AND HIV INVESTIGATOR’S PRIZE

The Women, Girls and HIV Investigator’s Prize aims to encourage research in low- or middle-income countries to benefit women and girls affected by HIV and AIDS. The USD 2,000 is offered by the IAS's Industry Liaison Forum (ILF) and UNAIDS, and is supported by the International Centre for Research on Women (ICRW) and the International Community of Women Living with HIV/AIDS (ICW).

Xu-Dong Zhang, China, for the abstract “Sexual and reproductive health in adolescent female sex workers: Kunming, China”

IAS TB/HIV RESEARCH PRIZE

The USD 2,000 IAS TB/HIV Research Prize is an incentive for young and established researchers to investigate pertinent research questions that affect TB/HIV co-infection and operational effectiveness of implementing core TB/HIV collaborative services.

Catherine Mary Searle, South Africa, for the abstract “A review of paediatric patients with TB initiated on ART at primary health care clinics in KwaZulu-Natal, South Africa”

PRIZES FOR EXCELLENCE IN HIV RESEARCH RELATED TO CHILDREN

The USD 2,000 prizes for excellence in HIV research related to children are jointly offered by the IAS and the Coalition for Children Affected by AIDS. The prizes are awarded to investigators whose abstracts demonstrate excellence in research that is likely to lead to improved services for children affected by HIV and AIDS.

Louise Kuhn, USA, for the abstract “HIV antibody detection in children who started antiretroviral treatment in infancy”

Irma Eloff, South Africa, for the abstract “Promoting resilience in young children of HIV-infected mothers in South Africa”

IAS PRESIDENTIAL AWARD

The IAS Presidential Award recognizes the achievements of leaders, pioneers and advocates who have had a demonstrable impact on the response to HIV and AIDS. The awards highlight an individual’s contribution that has resulted in increased knowledge, skills, creative solutions or evidence-based policies, and programmes to enhance the global response.

Eric Goosby, USA, for his long-term commitment and leadership working in the HIV field at local, national and international levels. Prof. Eric Goosby’s appointment as United States Ambassador and Global AIDS Coordinator gave him the opportunity to impact the HIV response on a global scale by guiding the international HIV strategy of the USA and directing PEPFAR, the largest national programme to respond to HIV internationally.
ELIZABETH TAYLOR HUMAN RIGHTS AWARD

The Elizabeth Taylor Human Rights Award recognizes the efforts of individuals who have achieved major breakthroughs or shown exceptional courage in their efforts to advocate for human rights in the field of HIV. The award is supported by the IAS and amfAR to pay a lasting tribute to Dame Elizabeth Taylor, who was a highly visible, vocal, and relentless champion of human rights in the HIV field.

Paul Semugoma, Uganda, for his accomplishments as a leader and advocate for human rights in the field of HIV, especially related to the rights of men who have sex with men to access HIV prevention, treatment and care in the African context.

ROBERT CARR RESEARCH AWARD

The Robert Carr Research Award is a joint initiative of the IAS, the International Council of AIDS Service Organizations (ICASO), Human Rights Watch (HRW) and the Johns Hopkins Center for Public Health and Human Rights (CPHHR), and it is jointly sponsored by the IAS, ICASO, the Open Society Foundations (OSF) and the Robert Carr Fund for civil society networks. The award recognizes a research project conducted by a community-academia partnership that has led to evidence-based programmes and/or influenced policies in the field of HIV to guide a human rights-based response.

Kay Thi Win, Myanmar, and Marta Vallejo Mestres, Spain, for the outstanding research project, “Sex Work and Violence: Understanding Factors for Safety and Protection”
HIV PROGRAMMES

Photo © Mustafa Quraishi/UNAIDS
In 2014, the Towards an HIV Cure initiative continued to facilitate scientific discussion, exchange and collaboration to promote and accelerate research towards a cure or remission for HIV. It was supported by topic-specific working groups that focused primarily on:

- The public health impact and cost-effectiveness of a potential HIV cure
- The psychosocial implications of cure research
- Opportunities for collaboration and open dialogue between the public and private sector concerning HIV cure research

The initiative also provided on-going leadership in advocating for increased investment and resource optimization in HIV cure research. In 2014 the IAS collaborated with the HIV vaccines and microbicides resource tracking working group and AVAC for a second time to report on global investment in HIV cure research and development for the 2013 calendar year.

On 19 & 20 July 2014, the initiative held the third annual Towards an HIV Cure symposium in Melbourne, Australia. The symposium was co-chaired by Prof. Françoise Barré-Sinoussi, Institut Pasteur and Inserm, France, Prof. Sharon Lewin, Doherty Institute, The University of Melbourne, Australia, and Dr. Steven Deeks, University of California, San Francisco, United States. The symposium provided an interactive and informative meeting for approximately 300 scientists, clinical researchers, scientific journalists, research funding administrators and community representatives from around the world. Structured around abstract driven sessions, a poster exhibition and roundtable discussions, the symposium showcased the latest and most promising scientific research and offered opportunities for strategy building and structured dialogue on the scientific priority areas outlined in the Global Scientific Strategy. Experts on relevant topics other than HIV were also invited to provide new perspectives for HIV cure research in the opening and closing keynote presentations. The IAS initiative was pleased to support over 40 outstanding candidates to travel to Melbourne to attend both the symposium and the AIDS 2014 Conference.

Towards an HIV Cure also developed and hosted community engagement events and satellites in conjunction with regional and international conferences. In 2014, the initiative:

- Partnered with YRG Care to organize a Community Training Workshop in Chennai, India
- Collaborated with the National Association of People with HIV Australia (NAPWHA) and Treatment Action Group (TAG) to provide a similar workshop in Melbourne
- Hosted a joint satellite with the International AIDS Vaccine Initiative (IAVI) to address the synergies and potential collaborations between vaccine and cure research for HIV/AIDS in Cape Town, South Africa
CIPHER HAS THREE MAIN OBJECTIVES:

- To promote and invest in targeted research to address priority knowledge gaps in paediatric HIV
- To establish collaboration mechanisms to strengthen communication, knowledge transfer and exchange among paediatric HIV cohorts
- To engage in advocacy and outreach to support evidence-informed clinical, policy and programmatic decision-making

A major achievement during 2014 was the continuation of the CIPHER Grant Programme, with a new round of grants launched at AIDS 2014. The grant programme supports early-stage researchers to study targeted research gaps in paediatric HIV in resource-limited settings. The high level of response and quality of proposals submitted for this programme highlights this as a unique opportunity for young investigators. Based on the 2013 short-list, CIPHER awarded two grants in 2014 to the following researchers for their projects:

- Eric McCollum, USA, Johns Hopkins University, School of Medicine, “Bubble CPAP treatment in hospitalized African infants failing standard pneumonia care in a high HIV prevalence country”
- Tavithya Sudjaritruk, Thailand, Research Institute for Health Sciences, Chang Mai University, “Liver injury and long-term metabolic complications among perinatally HIV-infected children and adolescents receiving antiretroviral therapy”

ADDITIONAL ACHIEVEMENTS OF NOTE DURING 2014 INCLUDE:

- The CIPHER Global Cohort Collaboration is the largest collaboration of paediatric HIV observational cohorts to date, representing 250,000 infants, children and adolescents affected by HIV, or 20 percent of children on antiretroviral treatment worldwide. It reached a major milestone in 2014, with the data merge harmonizing data from participating cohorts commencing in December.

- The Collaboration is currently running studies on two critical research gaps in paediatric HIV:
  1. The durability of first-line ART in children
  2. The global epidemiology of perinatally HIV-infected adolescents

- In March 2014, more than 60 participants attended the annual meeting of the Collaboration in Boston, USA. The group also explored how to support normative guideline development and help accelerate the availability of optimal paediatric ARVs at an ILF/CIPHER thematic roundtable in Melbourne at AIDS 2014.

- CIPHER expanded the online paediatric HIV cohort database, mapping out paediatric cohorts worldwide. In 2014 this open-access resource was used, for example, by WHO to help survey work on adolescent treatment, and by CIPHER to help develop the first workshop on adolescent transition.

- Focusing on a critical gap in paediatric HIV, CIPHER organized a special issue in the Journal of the International AIDS Society (JIAS), entitled, “HIV and adolescents: Focus on young key populations”.

- At AIDS 2014, CIPHER hosted and contributed to several events, including the announcement of the CIPHER grantees, a press conference, ViiV Healthcare satellite, “Growing Tomorrow’s Leaders in Paediatric HIV”, and the launch of the WHO Technical Guidance on Young Key Populations.
2014 was a ground-breaking year for the Industry Liaison Forum (ILF). The programme was restructured following a consultative process involving all members of the ILF Advisory Group and input from industry partners. As a result of the review, the ILF:

- Broadened its focus to cover all aspects of IAS' work
- Expanded the multi-stakeholder advisory group to include a wider range of industry and non-industry actors
- Introduced a tiered Industry Corporate Partnership Programme, allowing private sector institutions engaged in HIV with different roles, interests and capacities to participate meaningfully
- Recruited several additional non-industry advisory group members to diversify the work and interests of the ILF. Members come from regulatory or normative agencies, procurement and implementing organizations, intergovernmental organizations and civil society

THE IAS-INDUSTRY CONSULTATION SERIES

In March 2014, the ILF hosted a broad consultation with a diverse group of industry partners to strategize on the direction of the group. Representatives from antiretroviral manufacturers, diagnostics companies, condom manufacturers, circumcision device manufacturers, companies involved in HIV cure and vaccine research, and programme implementers discussed IAS Member Priorities: Key Populations, Paediatric HIV, Towards an HIV Cure, and HIV Co-Infections.

In conjunction with AIDS 2014, the ILF convened a second IAS-Industry Consultation. The topics discussed, included HIV co-infections, diagnostics, generic drugs, prevention, regulatory processes, and treatment.

THE ILF THEMATIC ROUNDTABLE SERIES

Following the success of the IAS-ILF Industry Roundtable on Paediatric Antiretrovirals, held in Geneva, Switzerland, in November 2013, the ILF and CIPHER organized a follow-up roundtable on paediatric HIV held in conjunction with AIDS 2014. The meeting was aimed at bringing the largest paediatric HIV cohorts and industry together for an informal discussion about pressing needs for children and adolescents. The Roundtable, co-chaired by Lynne Mofenson (National Institutes of Health, USA) and Shaffiq Essajee (Clinton Health Access Initiative, USA), highlighted the need to develop and distribute better antiretroviral regimens to more infants, children and adolescents. Challenges and opportunities were emphasized, as well as several avenues for follow up through the CIPHER Cohort Collaboration.
The Journal of the International AIDS Society (JIAS) is an open access, indexed and peer-reviewed scientific journal that provides a forum for the dissemination of HIV-related research. Journal articles reflect a broad range of disciplines and efforts are made to publish work originating from countries with high HIV prevalence. Rates of submissions are steadily increasing and, according to Journal Citation Reports® Science Edition, the JIAS “impact factor” rose from 3.936 in 2013 to 4.207 in 2014.

In 2014, JIAS received 386 manuscript submissions, approximately 45% of which were from authors based in low- and middle-income countries, and published 108 articles. The journal reached a wide readership, with over 635,000 articles accessed during the year, more than 111,000 unique visitors to its website, and around 23,000 followers on its Facebook page.

Three special issues of the JIAS were published in 2014, including Women and ARV-based prevention: opportunities and challenges, which addressed a range of issues related to the use of ARV-based HIV prevention methods available in pill, gel or ring formulations for prevention of HIV infection in women. This supplement benefited from the guidance of guest editors, Cindy Geary and Elizabeth Bukusi. Abstracts from two congresses were also published; the HIV Drug Therapy in the Americas Congress, held in May 2014, in Rio de Janeiro, Brazil, and the International Congress of Drug Therapy in HIV Infection, which took place in November 2014 in Glasgow, United Kingdom.

Complementary to its core objective of the broad dissemination of research findings, JIAS undertakes activities that mentor and build the capacity of less experienced researchers to assist them to successfully submit their abstracts to conferences and peer-reviewed journals. This included two successful interactive workshops at AIDS 2014.
The Key Populations Advisory Group steers the IAS’s work on key populations. In 2014, activities included:

- A white paper on, “Maximizing the Treatment and Prevention Benefits of ART for Key Affected Populations”, which was a cornerstone of the IAS AIDS 2014 advocacy and policy work. The launch was tied to the rollout of the WHO’s new key populations treatment guidelines -- a major milestone for HIV in 2014.

- The launch of the Nobody Left Behind campaign in early 2014 to mobilize stakeholders to address the challenges faced by key populations in accessing comprehensive HIV care. Blogs and testimonials from the field, press releases, statements, opinion pieces, fact sheets, and promotional material on the key population groups were disseminated through the IAS website and social media.

- The IAS, “Guidance Note on the Use of Antiretrovirals for Prevention in the Context of Universal Access to Treatment” was a technical guide for implementers, clinicians and public health practitioners. The note consolidated and clarified other guidelines, frameworks and best practices in order to assist healthcare providers as they counsel clients on HIV testing, treatment and prevention in supportive, respectful, and non-discriminatory ways.

- The production of, “A Code of Conduct for HIV Professionals: Strengthening Human Rights Approaches to Health”, launched at AIDS 2014. This document encourages HIV professionals to commit to using human rights as a framework to accelerate access to comprehensive HIV treatment, prevention, care and support for all people living with HIV, at risk and affected by HIV. The Code of Conduct was developed to establish new norms regarding human rights, HIV and patient care.

- A ground-breaking consultation entitled, “Overcoming HIV in Conservative Social Settings” in Vienna, Austria, April 29-30. The OPEC Fund for International Development and the IAS co-organized this event where scientists, policy makers, programme implementers and religious leaders exchanged best practices and issued a call to action.

In 2014, the IAS included HIV co-infections as an additional IAS Member Priority with an initial strategy to target viral hepatitis, especially HBV and HCV. During 2014, a working group of the IAS Governing Council was formed. This group coordinated with the organizers of the HIV/Viral Hepatitis Co-Infection Satellite Meeting that took place during AIDS 2014 in Melbourne. The outcomes of this meeting have led to follow-up convening’s that will set out a strategic research roadmap in HIV and HBV/HCV co-infections, attempting to address the significant gaps in current understanding and response.
GRANTS AND FELLOWSHIPS

Photo shows Creative and Novel Ideas in HIV Research Grant Programme winners. Photo © 2014 IAS/Steve Forrest
HIV and Drug Use Research Fellowship

With support from the U.S. National Institute on Drug Abuse (NIDA) and the French National Agency for Research on AIDS and Viral Hepatitis (ANRS), the IAS established a research fellowship programme focused on HIV and drug use, with the goal of contributing to advances in the scientific understanding of drug use and HIV, while fostering multinational research.

The fellowship programme consists of two types of awards: 1). USD 75,000 awarded to junior scientists for 18 months of post-doctoral training; and 2). USD 75,000 awarded to established HIV or drug use researchers for eight months of professional development training. Both awards take place at leading institutes and research centres excelling in research in the HIV-related drug use field. Five postdoctoral fellowships were awarded in conjunction with AIDS 2014 to the following researchers to undertake their proposed topics:

**Mojtaba Habibi Asgharabad, University of California San Diego, Islamic Republic of Iran.**
"An examination of risky decision-making learning among methamphetamine abusing persons with acute and early HIV-infection (AEH) as compared to chronic HIV-infection (CH): The mediator role of global neurocognitive functioning", under the mentorship of David Moore, Ph.D., University of California San Diego

**Ernest Tafara Chivero, University of Nebraska Medical Center, Zimbabwe.**
"HIV Tat and Cocaine mediated modulation of cAMP: Implications for NeuroAIDS", under the mentorship of Shilpa Buch, Ph.D., University of Nebraska Medical Center

**Trupti Ishwar Gilada, Fred Hutchinson Cancer Research Center and University of Washington, India.**
"The effect of alcohol and substance abuse disorder on viral and host events during early HIV infection: genital viral load decay, transmitted drug resistance and host inflammatory markers", under the mentorship of Ann C. Duerr, M.D., Fred Hutchinson Cancer Research Center

**Andrew Guise, University of California San Diego, United Kingdom.**
"Translating the promise of methadone for HIV care: a qualitative study of implementation in Kenya", under the mentorship of Steffanie Strathdee, Ph.D., University of California San Diego

**Nicholas Peter Fraser Thomson, John Hopkins Bloomberg School of Public Health, Australia.**
"Arresting HIV: Identifying and evaluating the impact of efforts to enhance and scale up partnerships between law enforcement and HIV programs working with people who use drugs on HIV and Hepatitis C incidence and risk behaviour among PWUDs in selected high priority countries across South, South-East and Central Asia", under the mentorship of Chris Beyrer, M.D., Johns Hopkins University
The CNIHR programme is jointly sponsored by the U.S. National Institutes of Health (NIH), the NIH-supported Centers for AIDS Research (CFARs), and the IAS, with the aim of promoting innovative research and novel ideas from early-stage investigators. The CNIHR programme provides grantees with an opportunity to conduct cutting-edge research in the field of HIV. CNIHR grantees are supported by a mentor in collaboration with a CFARs institution.

The 2014 round of the CNIHR grant programme invited researchers without prior experience in the field of HIV to submit innovative research projects with the potential to answer essential questions in HIV research. In conjunction with AIDS 2014, 11 new research grants (each worth up to USD 150,000 per year for up to two years), were awarded to the following researchers to support their proposed research topics:

**Aravind Asokan, India, The University of North Carolina at Chapel Hill,** “Combating HIV infection by fusion inhibitor gene therapy”, under the mentorship of Drs. Ron Swanstrom & Victor Garcia-Martinez, The University of North Carolina at Chapel Hill

**Qin Feng, USA, Baylor College of Medicine,** “Targeting host factors for modulation of HIV transcription”, under the mentorship of Dr. Andrew Rice, Baylor College of Medicine

**Jonathan Fogle, USA, North Carolina State University, College of Veterinary Medicine,** “Epigenetic modulation rescues virus-specific CD8+ T cells from T regulatory cell suppression”, under the mentorship of Dr. Kristina Abel, University of North Carolina at Chapel Hill

**Donald Fox, USA, Duke University Medical Center,** “Impact of polyploidy on establishing an HIV-1 reservoir in the kidney”, under the mentorship of Dr. Mary Klotman, Duke University Medical Center

**Joseph Hyser, USA, Baylor College of Medicine,** “Calcium-induced autophagy by HIV-1 Vpu viroporin activity”, under the mentorship of Dr. Jason Kimata, Baylor College of Medicine.

**Anna Lunemann, Switzerland, University of Zurich,** “Harnessing lymphoid tissue-based antiviral natural killer cell subsets for HIV eradication”, under the mentorship of Prof. Michael Lederman, Case Western Reserve University

**Kilian Pohl, USA, SRI International Stanford University,** “Creating maps of 4D brain images to unravel dementia heterogeneity of aging HIV population”, under the mentorship of Dr. Victor Valcour, University of California, San Francisco

**Daniel Popkin, USA, Case Western Reserve University,** “Two-pronged NK harness to seek and destroy the HIV reservoir”, under the mentorship of Dr. Jonathan Karn, Case Western Reserve University

**Jie Sun, China, Indiana University,** “Targeting Tfh transcription factors to enhance anti-HIV innate immunity”, under the mentorship of Dr. Luis Montaner, Wistar Institute/University of Pennsylvania

**Minjie Wu, China, University of Illinois at Chicago,** will conduct a research project, entitled “Brain aging in HIV-infected women: the role of reproductive aging and cardiovascular risk factors”, under the mentorship of Dr. Pauline M. Maki, University of Illinois at Chicago

**Benjamin Yellen, USA, Duke University,** “Magnetic single cell assay for epigenetic examination of latent HIV-1 infection”, under the mentorship of Dr. David M Margolis, University of North Carolina – Chapel Hill
IAS members represent all dimensions of the global response to the HIV epidemic, including researchers, clinicians, policy makers, programme planners, and public health and community practitioners. The IAS supports its members in their work, connects them to one another, and engages them to collectively implement an evidence-informed response.

In 2014, membership exceeded 15,300 individuals from over 180 countries. The location of AIDS 2014 in Australia contributed to a significant rise in the number of new members from the Asia and Pacific region, which in turn impacted upon the percentage balance of memberships by regions.

<table>
<thead>
<tr>
<th>Members by Region</th>
<th>2013 Percentage</th>
<th>2014 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Asia and the Pacific Islands</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Europe</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>United States and Canada</td>
<td>41%</td>
<td>35%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Members by profession category

<table>
<thead>
<tr>
<th>Profession Category</th>
<th>Number of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care worker</td>
<td>4'057</td>
</tr>
<tr>
<td>Researcher</td>
<td>2'341</td>
</tr>
<tr>
<td>Not indicated</td>
<td>2'170</td>
</tr>
<tr>
<td>Other profession / occupation</td>
<td>1'606</td>
</tr>
<tr>
<td>Policy / administration</td>
<td>1'499</td>
</tr>
<tr>
<td>Media representative</td>
<td>715</td>
</tr>
<tr>
<td>Student</td>
<td>477</td>
</tr>
<tr>
<td>Advocate / activist</td>
<td>360</td>
</tr>
<tr>
<td>Educator / trainer</td>
<td>273</td>
</tr>
<tr>
<td>Funder</td>
<td>76</td>
</tr>
<tr>
<td>Lawyer</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>13'618</td>
</tr>
</tbody>
</table>
IAS members networked with other members, Governing Council representatives and IAS Secretariat staff at the annual General Members’ Meeting, which took place during AIDS 2014 in Melbourne. The IAS exhibition booth provided further opportunities to meet with IAS staff and Governing Council members, both during AIDS 2014 and at HIV Drug Therapy Glasgow 2014, from 2-6 November.

In July, IAS members from Tanzania were invited to participate in a National Consultation on, “The Effectiveness and Efficiency of the HIV Response in Africa: Views and Recommendations of Grassroots Caregivers and Stakeholders”. The IAS convened this consultation in partnership with the World Bank, UNAIDS, the Global Fund, and Tanzania’s Commission for AIDS. Eighty-three stakeholders participated, representing parliament, national and district governmental agencies, international donors, nongovernmental organizations, IAS membership, the private sector, and people living with HIV. One of the highlights of the meeting was a presentation of an innovative project funded by PEPFAR and the United States Centers for Disease Control and Prevention that mainstreams HIV interventions in the comprehensive health plans of four regions.
The Governing Council of IAS is constituted of 20 individuals elected by IAS members from five regions: Africa, Asia and the Pacific Islands, Europe, Latin America and the Caribbean, and United States, and Canada. The Immediate Past President and the Executive Director participate in the council as ex officio members. The Governing Council provides strategic direction for the organization, and acts as a regional communications conduit between the IAS and its membership. The council meets twice a year and communicates regularly between meetings.

The Executive Committee of the Governing Council comprises the President, President-Elect, and Treasurer, who are elected by the council, plus a representative from each region who is elected by their regional council members. The Executive Director also participates in the Executive Committee as an ex officio member. The Executive Committee meets three times a year and communicates regularly between meetings.

Elections of the Governing Council occur every two years. Members serve four-year terms, with terms staggered to maintain institutional memory and consistency. The 2014 IAS Governing Council elections were finalized in May 2014, with three new members joining the Governing Council and five members being re-elected by IAS members in their regions. The next election will take place in 2016.

2014 GOVERNANCE ACTIVITIES
The Governing Council met in July and December during 2014 in conjunction with AIDS 2014 in Melbourne, and at its annual retreat in Geneva. The Executive Committee met at the 21st Conference on Retroviruses and Opportunistic Infections (CROI 2014) in Boston, Massachusetts, at AIDS 2014, and prior to the Governing Council retreat. Other governance-related committees, including the Finance Subcommittee and the Governance and Membership Subcommittee, met during the conferences and the retreat.

Elections of the Governing Council occur every two years. Members serve four-year terms, with terms staggered to maintain institutional memory and consistency. The 2014 IAS Governing Council elections were finalized in May 2014, with three new members joining the Governing Council and five members being re-elected by IAS members in their regions. The next election will take place in 2016.
As an independent, non-profit organisation, the IAS relies on a variety of sources to fund its operations and to ensure its financial stability. Members, donors, and sponsors are crucial to sustaining IAS activities, programmes and conferences. Their continued support is highly valued and appreciated.

2014 SUPPORTERS

Abbott
AbbVie
Abt Associates
amfAR
Ansell
Bill & Melinda Gates Foundation
Bristol-Myers Squibb
Burnet Institute
CASS Foundation
Chevron
City of Melbourne
Commonwealth of Australia – Department of Foreign Affairs and Trade (DFAT)
Commonwealth of Australia - Department of Health (DOH)
Department of Foreign Affairs, Trade and Development, Canada
Ford Foundation
French National Agency for Research on AIDS and Viral Hepatitis (ANRS)
Gilead Sciences
IBM
Janssen Pharmaceuticals
MAC AIDS Fund
Melbourne Convention Bureau
Merck (MSD)
Murdoch University

Mylan Laboratories
Netherlands - Ministry of Foreign Affairs
Norway - Ministry of Foreign Affairs
Oil Search
Omega Diagnostics
OPEC Fund for International Development
OSF – Open Society Foundations
Public Health Agency of Canada
Roche Molecular Systems
Sanofi Aventis
Sanofi Pasteur
Showtime Events Centre
State of Victoria, Department of Health
Swedish International Development Cooperation Agency (Sida)
Sysmex Corporation
UNAIDS
UNICEF
U.S. National Institute on Drug Abuse (NIDA)
U.S. National Institute of Allergy and Infectious Diseases (NIAID)
U.S. National Institutes of Health (NIH), Office of AIDS Research
Victorian State Government
ViiV Healthcare
ViiV Positive Action Fund
World Health Organization
FINANCIAL REPORTS
REPORT OF THE AUDITOR TO THE GOVERNING COUNCIL
20TH INTERNATIONAL AIDS CONFERENCE, MELBOURNE, 20 - 25 JULY 2014

As auditor, we have been engaged to audit the accompanying statement of income and expenditures of the 20th International AIDS Conference held in Melbourne on 20 July - 25 July 2014, which comprise of the income statement and the explanatory notes.

Governing Council’s Responsibility

The Governing Council is responsible for the preparation of the statement of income and expenditures in accordance with the requirements of Swiss law. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of statement of income and expenditures that are free from material misstatement, whether due to fraud or error. The Governing Council is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility

Our responsibility is to express an opinion on this statement of income and expenditures based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the statement of income and expenditures. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the statement of income and expenditures, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity’s preparation of the statement of income and expenditures in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the statement of income and expenditures. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the statement of income and expenditures in relation with the 20th International AIDS Conference held in Melbourne on 20 July -25 July 2014, complies with Swiss law, the association’s bylaws and is in accordance with the accounting policies described in note 2 to the financial statements of the International AIDS Society for the year ended 31 December 2014.

KPMG SA

Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge
Geneva, 8 June 2015

Filippa Groenvall
Licensed Audit Expert
Auditor in Charge
Geneva, 8 June 2015

Enclosure:
Statement of income and expenditures (income statement and explanatory notes)
### Final Statement of Income & Expenditures
(Figures are stated in US$)

<table>
<thead>
<tr>
<th>NOTES</th>
<th>APPROVED BUDGET</th>
<th>ACTUALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Sponsors and Donors</td>
<td>$5'970'000</td>
<td>$5'997'797</td>
</tr>
<tr>
<td>Victorian State Government</td>
<td>$1'800'000</td>
<td>$1'532'000</td>
</tr>
<tr>
<td>Commercial Sponsorship</td>
<td>$3'644'000</td>
<td>$3'514'133</td>
</tr>
<tr>
<td>3 Registration Fees</td>
<td>$4'570'000</td>
<td>$5'235'855</td>
</tr>
<tr>
<td>4 Other Revenues</td>
<td>$1'288'000</td>
<td>$1'031'248</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>$17'272'000</td>
<td>$17'311'033</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Logistics</td>
<td>$3'777'000</td>
<td>$3'066'576</td>
</tr>
<tr>
<td>Exhibition &amp; Satellites Costs</td>
<td>$422'000</td>
<td>$308'766</td>
</tr>
<tr>
<td>6 Scholarships</td>
<td>$1'518'000</td>
<td>$1'346'950</td>
</tr>
<tr>
<td>Local Secretariat</td>
<td>$713'000</td>
<td>$618'103</td>
</tr>
<tr>
<td>Programme</td>
<td>$1'865'000</td>
<td>$1'546'406</td>
</tr>
<tr>
<td>Programme Activities</td>
<td>$705'000</td>
<td>$632'374</td>
</tr>
<tr>
<td>7 IAS Conference Secretariat</td>
<td>$3'254'000</td>
<td>$3'343'833</td>
</tr>
<tr>
<td>IT</td>
<td>$933'000</td>
<td>$893'754</td>
</tr>
<tr>
<td>Communications</td>
<td>$855'000</td>
<td>$987'242</td>
</tr>
<tr>
<td>Evaluation + Quality Assessment</td>
<td>$50'000</td>
<td>$27'203</td>
</tr>
<tr>
<td>Resource Development</td>
<td>$657'000</td>
<td>$606'165</td>
</tr>
<tr>
<td>8 Revolving Fund</td>
<td>$0</td>
<td>$1'000'000</td>
</tr>
<tr>
<td>9 Governance</td>
<td>$476'000</td>
<td>$474'119</td>
</tr>
<tr>
<td>Audit / Finance</td>
<td>$501'000</td>
<td>$553'226</td>
</tr>
<tr>
<td>10 Various Financial Costs</td>
<td>$947'000</td>
<td>$949'474</td>
</tr>
<tr>
<td>11 Start-up Costs</td>
<td>$201'000</td>
<td>$200'966</td>
</tr>
<tr>
<td>Audio Visual</td>
<td>$852'000</td>
<td>$653'113</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>$17'726'000</td>
<td>$17'208'270</td>
</tr>
<tr>
<td><strong>TOTAL SURPLUS/(DEFICIT)</strong></td>
<td>$(454'000)</td>
<td>$102'763</td>
</tr>
</tbody>
</table>
Explanatory Notes to the Final Statement of Income and Expenditures

1. Basis of preparation

The statement of income and expenditure was prepared in accordance with the accounting policies specified in the notes of the International AIDS Society in Geneva. The statement of income is based on the actual information available as of 31 March, 2015. The “approved budget” figures in the left column reflects the last budget accepted by the IAS Governing Council on July 21, 2014.

2. Sponsorship

Sponsorship includes all sponsors and donors. Major sponsors for AIDS 2014 included:

**Donors**
- ANRS, the French National Agency for Research on AIDS and Viral Hepatitis
- BHP Billiton Sustainable Communities
- Canada - Department of Foreign Affairs, Trade and Development (DFATD)
- City of Melbourne
- Commonwealth of Australia - Department of Foreign Affairs and Trade (DFAT)
- Commonwealth of Australia - Department of Health (DoH)
- Ford Foundation
- MAC AIDS Fund
- Melbourne Convention Bureau
- Netherlands - Ministry of Foreign Affairs
- Norway - Ministry of Foreign Affairs
- OFID - OPEC Fund for International Development
- Public Health Agency of Canada (PHAC)
- Swedish International Development Cooperation Agency (SIDA)
- The Bill & Melinda Gates Foundation

**U.S. National Institutes of Health - National Institute of Allergy and Infectious Diseases (NIAID)**
- UNAIDS, the Joint United Nations Programme on HIV/AIDS
- Victorian State Government
- ViiV Healthcare Positive Action
- World Health Organization (WHO)

**Major Industry Sponsors**
- AbbVie
- Gilead Sciences
- Merck Sharp & Dohme Corp.
- ViiV Healthcare

**Corporate Sponsors**
- Abt Associates
- Chevron USA, Inc.
- Mylan Inc.
- Oil Search

A full list can be obtained from the conference secretariat.
3. Registration fees
The income from registration fees is based on the total number of paid registrations of 7,140 (Washington: 15,416) less the voluntary delegate contributions mentioned hereunder.

Paid Registration:

<table>
<thead>
<tr>
<th></th>
<th>AIDS2014</th>
<th>AIDS2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully paying registrations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- OECD country delegates</td>
<td>3'419</td>
<td>8'169</td>
</tr>
<tr>
<td>- Non-OECD country delegates</td>
<td>2'610</td>
<td>6'029</td>
</tr>
<tr>
<td>Students</td>
<td>732</td>
<td>1'944</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>74</td>
<td>139</td>
</tr>
<tr>
<td>Accompanying Persons and Children</td>
<td>305</td>
<td>676</td>
</tr>
<tr>
<td>Total fully paying registrations:</td>
<td>7'140</td>
<td>15'416</td>
</tr>
</tbody>
</table>

Non-paid registrations:

|                      |          |          |
| Media                | 640      | 1'942    |

Free Registrations (including scholarship recipients, volunteers and staff):

|                      |          |          |
| Voluntary delegate contributions to: |          |          |
| - Memberships “IAS” | 358'425  |          |
| - Coorganizers      | 16'275   |          |
| - Scholarships      | 123'825  |          |

4. Other revenues
Other sources of revenue include hotel commission.

5. Logistics
The main expenditures incurred for the Logistics are as follows: $3,066,576

- Facilities (rent, signage, security and set up of venue) $2,067,089
- On Site and Logistic Personnel (staff, hostesses and volunteers) $581,570
- Fees to PCO (KIT, CH) for:
  - project management, registration and exhibition handling $280,775
  - Printed material (Invitation, Final Prog., Abstract Book, etc) $40,138
  - Bags and Badges $32,003
  - Travel, logistic staff $34,610
  - Refreshment, technical, postage, etc $30,391
6. Scholarships

These figures include scholarships recipients and speakers as per the main details bringing 460 delegates and 118 speakers to conference mainly from developing countries:

- Travel: 731'304
- Accommodation & per diem: 248'819
- Registration fees: 261'023
- Handling: 105'804

7. IAS Conference Secretariat (Geneva)

- Staff: 1'887'746
- Office costs: 987'897
- Travel: 437'965
- Legal services: 20'839
- Consulting fees: 9'386

8. Revolving Fund

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations.

9. Governance

This cost includes committee meetings and travel expenses for the elected committee members.

10. Various Financial Costs

- Foreign exchange (Gain) / Loss: 243'412
- Bank & credit cards fees: 142'769
- Service importation tax: 64'438
- Insurances: 127'620
- Outreach / Partners: 363'950
- Carbon emission offset: 7'285

11. Start-up Costs

These costs include all expenses associated with initial negotiations and pre-planning meetings with the local host and co-organizers, initial promotion and marketing expenses, and all travel and other expenses incurred until the official conference organizing committee meeting, where the first budget was accepted.
REPORT OF THE AUDITOR TO THE GOVERNING COUNCIL ON THE
FINANCIAL STATEMENTS OF THE INTERNATIONAL AIDS SOCIETY, GENEVA

As auditor, we have been engaged to audit the accompanying financial statements of International AIDS Society, which comprise the balance sheet, income statement and notes for the year ended 31 December 2014.

Governing Council’s Responsibility

The Governing Council is responsible for the preparation of the financial statements in accordance with the requirements of Swiss law. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Governing Council is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity’s preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements for the year ended 31 December 2014 comply with Swiss law, the association’s bylaws and are in accordance with the accounting policies described in note 2 of these financial statements.

KPMG SA

Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge
Geneva, 8 June 2015

Filippa Groenvall

Enclosure:
Financial statements (balance sheet, summarized income statement and notes)
The complete audited financial statements can be obtained from the Secretariat
### Balance Sheet as of December 31 (Figures are stated in US$)

<table>
<thead>
<tr>
<th>Notes</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
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<td></td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>3</td>
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<tr>
<td>Cash - Leadership</td>
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<tr>
<td>Accounts Receivable</td>
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<td>1'506'294</td>
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<tr>
<td>Prepaid Expenses</td>
<td>5</td>
<td>693</td>
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<td><strong>TOTAL ASSETS</strong></td>
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<tr>
<td><strong>NON-CURRENT ASSETS</strong></td>
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<tr>
<td>Equipment</td>
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<td>50'035</td>
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<td><strong>TOTAL ASSETS</strong></td>
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<td><strong>CURRENT LIABILITIES</strong></td>
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<tr>
<td>Accounts Payable</td>
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<td>Fund ANRS</td>
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<td>Accrued Expenses</td>
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<tr>
<td>Deferred Income</td>
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<tr>
<td><strong>NON-CURRENT LIABILITIES</strong></td>
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<tr>
<td>Provision</td>
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<td><strong>Total Liabilities</strong></td>
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<tr>
<td><strong>FUNDS &amp; RESERVES</strong></td>
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</tr>
<tr>
<td>Restricted Funds</td>
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<td>Leadership Fund</td>
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<tr>
<td>Scholarship Reserve</td>
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<td>IAS 2015</td>
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<tr>
<td>ILF</td>
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<td>-</td>
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<tr>
<td>JIAS</td>
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<td>CNIHR</td>
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<td>46'298</td>
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<tr>
<td>NIDA</td>
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<td>-</td>
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<td>CIPHER</td>
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<tr>
<td>HIV CURE</td>
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<tr>
<td>IAC Revolving Fund</td>
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<tr>
<td>IAS Conference Institutional Memory &amp; Admin RF</td>
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<td>1'844'395</td>
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<tr>
<td><strong>TOTAL FUNDS &amp; RESERVES</strong></td>
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<td>6'537'233</td>
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<tr>
<td><strong>Unrestricted &amp; IAS Designated Funds</strong></td>
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<td>IAS Conference Revolving Fund</td>
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<td>General IAS Reserve for Future Conference</td>
<td>14</td>
<td>-</td>
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<tr>
<td>AIDS 2014 Conference Surplus</td>
<td>15</td>
<td>102'763</td>
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<tr>
<td>AIDS 2012 Conference Surplus</td>
<td>15</td>
<td>-</td>
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<tr>
<td>General IAS Reserve</td>
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<td><strong>Total Funds &amp; Reserves</strong></td>
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<td><strong>TOTAL LIABILITIES, FUNDS &amp; RESERVES</strong></td>
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## INTERNATIONAL AIDS SOCIETY FINANCIAL REPORT 2014

### Income and Expenditure Account for the year ended December 31

(Figures are stated in US$)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
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<td>Conferences Income</td>
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<td>-</td>
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<td>-</td>
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<td>544'617</td>
<td>621'013</td>
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<td>744'069</td>
<td>723'116</td>
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<td>9'957'968</td>
<td>17'858'826</td>
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<td>IAS Staff Salaries &amp; Benefits</td>
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<td>5'882'964</td>
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<td>Consulting &amp; Audit fees</td>
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<td>328'982</td>
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<td>Office Expenses</td>
<td>15'259</td>
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<td>Travel Expenses</td>
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<td>2'026'618</td>
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<td>Governance Retreat, Strategic</td>
<td>104'915</td>
<td>182'962</td>
<td>101'005</td>
<td>61'156</td>
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<td>244'118</td>
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<td>Direct Expenses</td>
<td>2'695</td>
<td>-</td>
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<td>1'238'181</td>
<td>2'916'613</td>
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<td>Other Expenses</td>
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<td>203'578</td>
<td>111'357</td>
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<td>Subgrant</td>
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<td>1'201'095</td>
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<td>Amortization of Capital Exp.</td>
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<td>41'116</td>
<td>54'513</td>
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<td>60'569</td>
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<td>Exchange Loss / -Gain</td>
<td>-10'619</td>
<td>-16'476</td>
<td>161'268</td>
<td>83'012</td>
<td>150'649</td>
<td>66'536</td>
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<td><strong>TOTAL EXPENSES</strong></td>
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<td>1'785'475</td>
<td>16'035'512</td>
<td>12'739'310</td>
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<td>14'524'785</td>
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<td><strong>GROSS SURPLUS (-DEFICIT)</strong></td>
<td>-306'524</td>
<td>-716'311</td>
<td>1'315'715</td>
<td>-2'781'342</td>
<td>1'009'191</td>
<td>-3'497'653</td>
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<td>Transfer to Unrestricted &amp; Designated Funds</td>
<td>224'524</td>
<td>-443'987</td>
<td>-224'524</td>
<td>443'987</td>
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<td>-</td>
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<tr>
<td>- Revolving Fund</td>
<td>-</td>
<td>-</td>
<td>311'697</td>
<td>-</td>
<td>311'697</td>
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<tr>
<td>- AIDS 2014 Reserve</td>
<td>-1'000'000</td>
<td>-</td>
<td>1'000'000</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>- Conference Surplus</td>
<td>102'763</td>
<td>-</td>
<td>-102'763</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>- Funds Transfer</td>
<td>182'145</td>
<td>-600'000</td>
<td>-182'145</td>
<td>600'000</td>
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<td><strong>RESULT AFTER TRANSFERS</strong></td>
<td>-797'092</td>
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<td>1'806'283</td>
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<td>-3'497'653</td>
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<tr>
<td><strong>FUND BALANCE AT DECEMBER 31</strong></td>
<td>1'258'699</td>
<td>2'055'790</td>
<td>6'537'233</td>
<td>4'730'950</td>
<td>7'795'932</td>
<td>6'786'739</td>
</tr>
</tbody>
</table>
INTERNATIONAL AIDS SOCIETY - GENEVA

Notes to the Financial Statements for the year ended 31 December 2014

1. Organisation

International AIDS Society (the Society) was founded in 1988 and transferred from Stockholm, Sweden to Geneva, Switzerland in June 2004.

With its headquarters in Geneva, and forty two staff members (2013: fifty), the Society is recognized under Swiss law as an international, non-governmental, non-profit organization. The Society is exempt from Swiss corporate taxation.

2. Accounting Policies

The significant accounting policies are set out below:

a) Basis of Preparation and Statement of Compliance

The financial statements of the Society have been prepared on a basis consistent with its statutes and that complies with Swiss law and the accounting regulations of the Society. The Society’s accounting policies and the format used for the presentation of its financial statements are designed to present accurately the conferences, programmes, and other activities of the Society.

The financial statements are presented in US Dollars (rounded to the nearest dollar), as the majority of the Society’s activities are conducted in this currency.

b) Recognition of Income

Conference income, project management fees, sponsors and other restricted income are recognized when paid.

Unrestricted revenue from donors is recognized over the contract period.

Membership income is recognized in the period to which it relates. Membership income for future periods, which is received in advance, is deferred in the balance sheet.

c) Recognition of Expenditure

Payments to third parties are recognized when the commitment to pay has been made before the end of the year and the payment relates to the current year, and when there is either a legal or a constructive obligation to pay.

d) Foreign Currency

Transactions in currencies other than US Dollars are converted into US Dollars at rates that approximate the actual rates at the transaction date. Realized and unrealized exchange differences are reported in the income and expenditure account.

e) Equipment

Purchases of equipment are capitalized and then depreciated on a straight-line basis over 3 years.
3. **Cash and Cash equivalents**

4. **Accounts Receivable**

5. **Prepaid Expenses**

6. **Accounts Payable**

7. **Accrued Expenses**
   - Other accrued expenses: US$ 815,000 (2014) vs. - (2013)

8. **Deferred Income**
   - Donation recognized as revenue during the year: US$ 815,000 (2014) vs. - (2013)

9. **Provision**

10. **Restricted Funds**
    - All figures are in relation to funds received and reserved for specific programmes or projects. Concerning future Conferences, the negative amounts of US$ 77,728 (IAS2015) and US$ 286,203 (Conferences 2016-2018) reflects expenditures that have yet to be covered by the income from the future conferences. The IAS2015 budget currently shows a balanced budget (approved by the GC in December 2014). Note that the budget is excluding the allocation to the revolving fund of USD 500,000.
11. IAC Revolving Fund

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$3'393'536</td>
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<td>2013</td>
<td>$2'471'000</td>
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</table>

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations. AIDS2014 result could afford an allocation of US$ 1M to the Revolving Fund.

- AIDS 2014 allocation to the Revolving Fund: $1'000'000
- Reorganizational plan 2014: (77'464)
- Release 2013: 108'000
- Transfer to IAS Conference Institut’l Memory Revolving Fund: (1'400'000)

12. IAS Conference Institut’l Memory and Administration Revolving Fund

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$1'844'395</td>
</tr>
<tr>
<td>2013</td>
<td>$1'949'076</td>
</tr>
</tbody>
</table>

In June 2013, the IAS Governing Council has decided to create a third fund to support the Secretariat that will jointly serve the two conferences in the event of a cancelled or postponed conference or one with a reduced number of paid registrations.

- Reorganizational plan 2014: (104'681)
- Transfer from IAC Revolving Fund: - 1'400'000
- Transfer from IAS Conference Revolving Fund: - 600'000
- IAS2013 Conference Deficit: - (50'924)

13. IAS Conference Revolving Fund

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$701'086</td>
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<tr>
<td>2013</td>
<td>$728'303</td>
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</table>

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations.

- Reorganizational plan 2014: (27'217)
- Release 2013: 53'000
- Transfer to IAS Conference Institut’l Memory Revolving Fund: - (600'000)
- IAS2013 Conference Deficit: - (203'697)

14. General IAS Reserve for future Conferences & AIDS2012 Follow up

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>- 1'000'000</td>
</tr>
</tbody>
</table>

As approved by the EC in March 2013, the surplus generated by the AIDS2012 conference was allocated as follows:

- AIDS2014 Support to Global Village, International Scholarship Fund: (200'000) 200'000
- AIDS2014 Support to maintain lower fee level for I&mi countries: (300'000) 300'000
- AIDS2014 Revolving Fund: (500'000) 500'000

15. Conferences Surplus

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$102'763</td>
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<tr>
<td>2013</td>
<td>$146'489</td>
</tr>
</tbody>
</table>

The AIDS2014 Conference Surplus supports the
- Core expenses over the next 2 years: 102'763
- Second half of the AIDS2012 Surplus supported the Core expenses in 2014: (146'489)
- Half of AIDS2012 Surplus supported the Core expenses in 2013: - 146'489
### 16. General Reserve

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
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<tr>
<td>IAS Core activities Surplus / (Deficit )</td>
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<td>US$ 180'999</td>
</tr>
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<td>ILF Reserve transfer</td>
<td>US$ 302'058</td>
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<tr>
<td>VAT release</td>
<td>US$ -</td>
<td>US$ 68'000</td>
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<tr>
<td>AIDS Pioneers Project Balance</td>
<td>US$ -</td>
<td>US$ 73'150</td>
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### 17. Other unrestricted revenues

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>Interest on deposits and current banks accounts</td>
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<td>US$ 10'122</td>
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<td>Other</td>
<td>US$ 110'585</td>
<td>US$ 534'495</td>
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### 18. Direct expenses

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<tr>
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<th>2013</th>
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<td>Logistics &amp; Exhibition (rental of venues, signage, build up…)</td>
<td>US$ 1'857'86</td>
<td>US$ 690'009</td>
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<tr>
<td>Scholarships (registrations, per diem…)</td>
<td>US$ 257'310</td>
<td>US$ 51'990</td>
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<td>Local office expenses (Melbourne staff, office costs…)</td>
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<td>US$ 69'612</td>
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<td>Programme &amp; Programme activities (meeting costs)</td>
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<td>US$ 62'941</td>
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<td>Conference secretariat</td>
<td>US$ 20'933</td>
<td>US$ 30'447</td>
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<td>I/T operations</td>
<td>US$ 32'078</td>
<td>US$ 1'077</td>
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<td>Communications (Media Center, printing…)</td>
<td>US$ 998</td>
<td>US$ 36'269</td>
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<td>Audio Visual</td>
<td>US$ 590'526</td>
<td>US$ 151'912</td>
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<tr>
<td>Various financial costs</td>
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<td>US$ 62'021</td>
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<tr>
<td>Start up &amp; Other costs</td>
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<td>US$ 81'902</td>
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### 19. CIPHER

<table>
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<tr>
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<td>2014 Donation from Charities AID Foundation / ViiV Healthcare</td>
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<td>US$ 769'971</td>
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<tr>
<td>2013 Donation from Charities AID Foundation / ViiV Healthcare*</td>
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<td>US$ 769'971</td>
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*The 2013 contribution from Charities AID Foundation / ViiV Healthcare was reclassified from Sponsors to Donors

### 20. Credit Agreement

<table>
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<tr>
<td>EUR 200,000 is under the guarantee of UBS AG and represents the sum of VAT claimed to our fiscal representative in Italy by the Italian VAT authorities. This guarantee is valid until 30 November 2015</td>
<td>US$ 355'316</td>
<td>US$ 400'108</td>
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<tr>
<td>CHF 111,125 is under the guarantee of UBS AG represents a deposit surety for the office rental blocked for the Fondation Des Immeubles pour les Organisations Internationales (FIPOI)</td>
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<td>-</td>
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</table>