Content

Message from the President and Executive Director
Our Mission, Our Vision and What We Do
Introduction
Policy and Advocacy
Education, Networking and Promotion of Best Practice
Long-Term Organizational Sustainability and Success
Membership
Governance
Our Donors
Financial Reports: 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009)
Message from the President and Executive Director

Dear Colleagues,

The evidence on how to mount and target effective AIDS initiatives is clear. Progress in scaling up AIDS services globally has shown significant collateral benefits for child health, maternal health, and treating other diseases while building stronger health systems and advancing development. IAS members are at the forefront of conducting innovative research and implementing successful programmes around the world.

Yet, in the midst of this progress, the financial and political support needed to deliver effective responses at the scale needed to slow and stop the global HIV pandemic are lagging. As a result, the IAS, in 2009, redoubled its efforts to focus attention on the need to increase funding and political support for HIV and AIDS programmes globally. As the 2010 deadline for universal access to HIV prevention, care and treatment approached, the IAS positioned itself as a leader in promoting efforts to convince world leaders that investing in HIV programme scale up now is a cost-effective strategy for slowing an expanding epidemic and decreasing morbidity and mortality in the years ahead.

In 2009, the IAS Governing Council promoted the use of new evidence to expand HIV treatment globally, including advancing knowledge on when to start treatment, which treatment regimens to use, and how to advance a public health approach to treatment by acknowledging evidence of the benefits of HIV treatment as prevention.

The IAS convened The Vancouver Summit: Leading by Example in the Public Health Approach to ART, in Vancouver, British Columbia, in February 2009. The summit gathered experts to develop recommendations on global HIV treatment standards-of-care that incorporate the latest research findings and ensure equity in standards between the developed and developing worlds. The summit highlighted the need for a much stronger commitment from global leaders to fund lifesaving treatment, prevention and care programmes built on the best available evidence.

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009), with more than 5,000 AIDS researchers, implementers and community leaders, was an important forum for delivering and analyzing that evidence. Held in Cape Town, South Africa, in July 2009, the conference showcased important new data on the impact of HIV treatment programmes on TB incidence and other health challenges in low- and middle-income countries and introduced a new track on operations research to provide delegates with data to inform the design, implementation and delivery of HIV programmes in countries most affected by HIV.

2009 was also a year of change for IAS. The IAS Strategic Plan 2010-2014 was developed through an extensive process that involved IAS members, partners and donors. New leadership at the secretariat helped usher in the new plan and will ensure the IAS leverages its unique scientific expertise and convening power to remain at the forefront of advocacy for a stronger, evidence-driven approach to ending HIV transmission and morbidity globally.

We urge you to continue your engagement as an active IAS member. Your work is crucial to our collective efforts. We are stronger together.

Best wishes,

Julio Montaner, President
Robin Gorna, Executive Director
July 2010
The International AIDS Society

Our Mission

WHO WE ARE
The International AIDS Society is the world’s leading independent association of HIV professionals.

Our members include professionals from all disciplines, most notably researchers, clinicians, nurses, laboratory technicians, educators, social service providers, health care providers, advocates, lawyers, media practitioners, and policy and programme planners.

Our Vision

The future we see: A global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response.

WHAT WE DO

We connect. By convening the world’s foremost international conferences on HIV and AIDS and specialized meetings, we provide critical platforms for presenting new research, promoting dialogue and building consensus to advance the global fight against HIV.

We promote. By promoting dialogue, education and networking, and providing access to best practice, professional development and skills building, we help build capacity and close gaps in knowledge and expertise at every level of the HIV response.

We mobilize. By advocating for the right to an evidence-based response to HIV and for a concerted research effort to build evidence base, we contribute to continuous improvement of the global response to HIV.

Introduction

In July 2005, the IAS Governing Council (GC) adopted a strategic framework to guide the organization through 2009. The theme, Stronger Together, set goals and objectives in four key areas: Policy and Advocacy; Education, Networking and Promotion of Best Practice; Long-Term Organizational Sustainability and Success; and Membership. This annual report describes IAS activities within each of these areas during the final year of the strategic plan.

It shows IAS members, donors and partners how their participation, investments, support and collaboration have allowed the IAS to deliver on its commitments and strengthen its leadership role in the global response to AIDS.

We’re pleased to have realized the major targets set out in our four-year strategy as we embark on aiming for bolder targets in our new 2010-2014 Strategic Plan.

GOALS

IAS Strategic Framework 2005-2009

Stronger Together

Policy and Advocacy

To advance its vision and mission, the IAS has developed an advocacy agenda to stimulate HIV/AIDS research eliminate barriers to an effective response to HIV, and strengthen prevention, care and treatment programmes worldwide. Advancing sound, evidence-based policy through strong and effective advocacy efforts is a priority for the IAS.

Education, Networking and Promotion of Best Practice

The IAS is expanding education and training opportunities available to its members. Through the platforms of our conferences and our partnerships with regional meetings, our aim is to identify knowledge gaps, disseminate scientific evidence and encourage the exchange of ideas and knowledge among all professionals working in HIV.

Long-Term Organizational Sustainability and Success

To ensure the long-term sustainability and success of the IAS, we have established a strong, transparent governance structure, recruited highly skilled and diverse professional staff, and put in place fiscal policies that will ensure a sustainable financial base for all of our programmes.

Membership

The IAS’ growing membership is the foundation on which the organization acts as the independent voice of HIV professionals throughout the world. A large, diverse and actively engaged membership enables the IAS to pursue and achieve its purpose, vision and mission.
Policy and Advocacy

Central to the IAS’s mission is advancing an evidence-based response to the epidemic through strategic policy development and advocacy.

The unique strengths we bring to work in this area include an unparalleled convening power, scientific credibility, a diverse global membership and a dedicated team of professionals in the Governing Council and secretariat.

In the past year, the IAS has leveraged all of its assets to implement key initiatives, achieving important successes in collaboration with our international and regional partners.

Optimizing HIV Treatment Globally

In 2009, the IAS implemented a major advocacy initiative to develop a scientific consensus on the need for revised global HIV treatment standards that incorporate new scientific evidence into clinical guidance and to optimize the impact of highly active antiretroviral therapy (HAART) in both treatment and prevention.

Work to establish expert consensus on the implications of new research for antiretroviral therapy (ART) guidelines began in February 2009 when IAS convened The Vancouver Summit: Leading by Example in the Public Health Approach to ART. The meeting was held 11–13 February in Vancouver, British Columbia, in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank.

The summit brought together experts from multilateral organizations, the research community, civil society, donor agencies, the medical community and the pharmaceutical industry. Participants developed a consensus on additional research needed to optimize the individual and societal benefits of the public health approach to delivering ART and on recommendations to normative agencies regarding the implications of existing research for ART treatment guidelines.

The impact of the summit and the IAS’ long-term commitment to facilitating the transfer of research into policy and practice was significant. In November, the World Health Organization (WHO) hosted an expert panel review of ART treatment guidelines in which the IAS played an active role. Shortly after the November meeting, WHO issued revised ART guidelines for the treatment of adults and adolescents, as well as ART guidelines for pregnant and lactating women, taking into account the clinical benefit of early treatment for individuals, as well as the prevention impact of increased access to ART in reducing HIV transmission and tuberculosis incidence. Since then a number of countries have issued updated national treatment guidelines based on the revised WHO guidance.

Harmonizing the “War on Drugs” with the “War on AIDS”

In 2009, the IAS participated in the Commission on Narcotic Drugs (CND) to outline the evidence supporting a public health and human rights-based approach to international drug policy. The CND has yet to affirm the role that harm reduction strategies play in reducing the individual and societal harms of injecting drug use, including the substantial scientific evidence that interventions such as needle and syringe exchange programmes and opioid substitution therapy reduce HIV and hepatic C transmission among people who inject drugs. The IAS also joined the International Drug Policy Consortium as a network member in order to strengthen its engagement on international drug policy, to advocate for evidence-based drug policies and to increase awareness among policy makers and health care providers of the negative impacts of most current drug control regimes on the delivery of HIV prevention, treatment and care to people who use drugs.

Public Private Partnerships to Advance ART Programme Delivery to Women

The IAS Industry Liaison Forum (IAS-ILF) continues to engage the industry, researchers, civil society and multilateral organizations to promote scientific, intellectual and financial commitments from pharmaceutical and diagnostic companies for research in resource-limited settings. Guided by an expert reference group, the IAS-ILF embarked on a major initiative to identify and prioritize clinical and operations research questions to help address knowledge gaps in clinical treatment and ART programme delivery for women and children. The initiative included scientific and grey literature reviews, key informant interviews, and a multi-stakeholder consultation held in conjunction with the 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009) in Cape Town, South Africa. The participants – experts from civil society, research and donor communities, UN agencies and the pharmaceutical industry – who focused on three areas of interest: pediatric clinical research, clinical research addressing women’s treatment issues and operations research related to ART programme delivery to women.

In addition, the IAS-ILF and AIDS Vaccine Advocacy Coalition (AVAC) co-hosted a session at IAS 2009 aimed at addressing the ethical, scientific and operational issues raised by PEPFAR and other ARV-based prevention modalities.

The satellite session entitled The Promise and Perils of ARV-based Prevention: A Dialogue of Informing Optimism and Scepticism provided an opportunity for discussion on both the potential of ARV-based prevention and the challenges that the HIV field must address if clinical trials demonstrate efficacy.
Advancing HIV and Health Systems Strengthening Synergies

The IAS convened a meeting entitled Accelerating the Impact of HIV Programming on Health Systems Strengthening held in conjunction with IAS 2009. Participants included global experts who evaluated how the design and delivery of HIV programmes can strengthen health care systems in low- and middle-income countries. The evidence presented demonstrated that scaling up HIV programmes can lead to overall improvements in health systems and broad health outcomes.

Promoting Elimination of HIV Travel Restrictions

In 2009, the United States announced the repeal of its HIV entry and residence restrictions. The decision was the result of years of domestic and international advocacy in which the IAS played an important role, serving as secretariat for the International Task Team on HIV-Related Travel Restrictions and working with its partners to repeal these ineffective and discriminatory policies worldwide. The U.S. decision allowed the IAS to announce it will convene the XIX International AIDS Conference (AIDS 2012) in Washington, D.C.

The IAS has long maintained a policy of not hosting conferences in countries that ban the entry of people living with HIV (PLHIV), and the IAS will continue its efforts to remove HIV-specific entry and residence restrictions in the 70 countries that still maintain laws and regulations that discriminate against visitors or immigrants based solely on HIV status. The IAS maintains a country-by-country database on HIV-related travel restrictions, in partnership with Deutsche AIDS Hilfe and the European AIDS Treatment Group (www.hivrestrictions.org).

Promoting Human Rights as Central to the AIDS Response

The IAS continued to speak out against the criminalization of homosexuality as a barrier to effective HIV education and prevention interventions for men who have sex with men (MSM). Evidence of the impact of criminalization and negative social attitudes towards MSM are clear: fewer than one in 20 MSM worldwide has access to HIV prevention services, with even lower numbers in low-income settings.

Strengthening Social and Political Science Research

In November 2009, the IAS issued The State of Social and Political Science Research Related to HIV: a Report for the International AIDS Society, which contains a review of the state of social and political science research on HIV and AIDS. Its aim was to assess the state of the field so that we can better encourage and support social and political science research through our activities. The review analyzed the most commonly published types of social and political science research on HIV and invited international experts to consider challenges and opportunities within the field. Fifty experts participated, detailing their opinions on how to strengthen HIV social science research.

The report’s recommendations are helping to guide the IAS in promoting and supporting social and political science research in its activities, particularly its international conferences and the Journal of the International AIDS Society (JIAS), which added a social sciences editor to its editorial board in 2009.
Education, Networking and Promotion of Best Practice

IAS conferences, programmes, regional partnerships, and communications initiatives provide educational and networking opportunities, while serving as global platforms to showcase innovative evidence-based research and highlight best practice.

5th IAS Conference on HIV Pathogenesis, Treatment and Prevention

The 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009), held in Cape Town, South Africa, 19-22 July, 2009, attracted more than 5,800 participants, including 4,998 delegates from 125 countries. The conference offered over 1,550 reports on original research in four areas:

- Basic Sciences (Track A)
- Clinical Sciences (Track B)
- Biomedical Prevention (Track C)
- Operations Research (Track D)

The addition of the Operations Research track reflects the growing importance of this research to the HIV field, and its role in providing policymakers, programme managers and service providers with data to improve the planning, design and delivery of HIV services. The new track received the second-largest number of abstract submissions and of the 825 abstracts submitted to this track, 469 were accepted.

IAS 2009 continued to demonstrate its key role in bringing important new scientific knowledge to bear on our understanding of HIV and how best to shape the response to it. Data from several basic science studies provided the field with a better understanding of the role played by viral reservoirs, why African women have an elevated risk of HIV infection due to chronically activated T-cells in genital tract mucosa, and how complex genetic variables may affect HIV acquisition and disease progression. Research detailing the impact of ART on reducing coincident tuberculosis and malaria epidemics in HIV-prevalent regions added to the evidence supporting the argument for wider and earlier access to treatment.

Evidence of Treatment as Prevention at IAS 2009

IAS 2009 offered an overview of and several new insights into the potential role of antiretroviral therapy to prevent HIV transmission. In a plenary address, Reuben Granich of the World Health Organization argued that the rationale for ART as a prevention strategy is irrefutable:

- Transmission only occurs from persons with HIV.
- Viral load is the single greatest risk factor for HIV transmission.
- ART can lower viral load to undetectable levels.
- Prevention of vertical transmission is proof of concept that ART reduces transmission.
- Observational evidence in heterosexual couples supports the concept.
- Previous modelling work suggests considerable potential.

Granich’s own modelling study determined that treating all HIV-infected people with a CD4 count below 350 would save 2.4 million lives between now and 2050, while universal voluntary testing and immediate ART would save 7.35 million lives.

New Data on the Preventive Impact of Antiretroviral Therapy

Important new biomedical prevention studies showed maternal triple-drug ART used throughout pregnancy and breastfeeding reduced vertical transmission to 1% (and also lowered the risk of premature birth, stillbirth and abortion), and a number of studies from the inaugural Operations Research track demonstrated how integration of HIV services with other health services and use of a variety of service-delivery approaches, including deploying trained community or lay workers, can exponentially expand health system capacity without compromising standards of care or treatment outcomes.

Ten years ago, there was less than US$1 billion available per year for HIV programmes globally. By 2009, US$14 billion was available. IAS President Julio Montaner spoke to how these increased investments have generated substantial returns in addressing the HIV epidemic, including the four million people on ART by the end of 2008 who would otherwise be dead or dying. New evidence presented at IAS 2009 added to the expanding number of studies demonstrating that ART programmes not only save lives, but also have a powerful preventative impact by reducing viral load and HIV transmission.

The IAS conferences focus on translating new evidence from a variety of disciplines into promising new preventative and therapeutic approaches, policy development, and clinical standards and practices. The addition of the Operations Research track expands that scope to include strategic information that will have a vital role in improving the efficiency and effectiveness of the HIV programmes, particularly critical in the current economic context.

Data from IAS 2009 informed revised treatment guidance at both the national and international levels, and the conference continues to demonstrate its importance as a unique international forum for scientific debate and discovery, and a platform that can effectively influence public policy.
HIV Investments Demonstrate Benefits for Other Diseases and Increased Uptake in Non-HIV-related Health Services

Evidence presented at IAS 2009 contributed much to the discussion of the impact of recent scale up of HIV treatment and care services on broader health benefits, particularly for women and children. New data also demonstrated that HIV scale up can help to reduce the prevalence and impact of other co-morbidities, such as TB and malaria. Examples of recent studies and conference abstracts that corroborate this key finding from IAS 2009 include:

- In Eastern Uganda, the increase in services for HIV/AIDS was accompanied by a reduction in non-HIV infant mortality of 83%, possibly due to the 90% reduction in children being orphaned.  
- In a rural region of the KwaZulu Natal province in South Africa, following the introduction of infant ARV prophylaxis in 2001 and ART programmes in 2004, a 57% reduction in the under age-two child mortality rate was observed, showing a population-level effect of improved health services, particularly maternal ART and consequent survival.  
- In Haiti and Rwanda, Partners in Health documented increased use of non-HIV-related health services, including antenatal care, vaccinations and screening for sexually transmitted infections, as well as increases in the delivery of newborns in health-care settings.  

- In most countries, coverage of key maternal and child health interventions has continued to improve at a steady pace with no clear evidence of a slow down since 2004.  
- Botswana had its first decline in infant mortality and increase in life expectancy in decades as the country focused on implementing HIV/AIDS programmes using both domestic and international resources.  
- A prospective Ugandan cohort study traced steeply declining malaria incidence after ART initiation, from 591 cases per 100 person years after one year to 476 cases after two years, 259 cases after three years, and 153 cases after four years.  
- A comparison of 2005 and 2008 TB and HIV rates in a well-defined South African township yielded strong evidence that wider ART accounts for a significant decline in TB prevalence [13]. Analyzing TB rates in 762 people surveyed in 2005 and 1,251 surveyed in 2008, Keran Middelkoop (University of Cape Town) found that TB prevalence fell by more than one-third, from 3% in 2005 to 1.8% in 2008, a significant decline in an analysis adjusted for age, gender, and HIV status.

Evaluating IAS 2009: Reasons for Attending

The scientific programme and the opportunity for networking or collaboration were the most frequently selected reasons for attending the conference (77% and 61% respondents, respectively), followed by: global focus of the conference (50%), presenting an abstract (27%), geographic location (24%), attending a pre-conference event or another meeting (16%), and recipient of a scholarship or grant (9%).

Surveyed delegates were also asked if IAS 2009 offered something unique that was not available at other well-known scientific health conferences. Of the 1,372 respondents, the majority (62%) responded “yes”, 23% did not know and 16% responded “no”. Of the 845 respondents who replied “yes”, 820 answered the following question: compared to other scientific/health conferences, what is the main added value of the IAS Conference on HIV Pathogenesis, Treatment and Prevention? As shown below, the international dimension, new information and updates and scientific focus were the most frequently noted.

The evaluation demonstrated that IAS 2009 yielded important benefits not only for participants, but also for non-attendees who followed the conference remotely via the Internet. In Cape Town, the IAS introduced a blog, as well as the use of Twitter and Facebook to communicate with delegates and non-attendees. By the end of the conference, there were 1,145 Facebook fans (with a particularly strong following from Africa), 227 followers on Twitter (many of whom re-tweeted conference messages to their own, much larger networks) and 2,400 visitors to the IAS 2009 blog. Of the three new tools, the conference blog was the most utilized and considered the most useful by online followers (58% of surveyed non-attendees used it, of which 58% reported it was “useful” or “very useful”). The complete IAS 2009 Evaluation Report is available online.

Main Added Values of IAS Conferences

<table>
<thead>
<tr>
<th>International dimension</th>
<th>59%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New information/updates</td>
<td>51%</td>
</tr>
<tr>
<td>Scientific focus</td>
<td>41%</td>
</tr>
<tr>
<td>Networking and</td>
<td>33%</td>
</tr>
<tr>
<td>collaboration opportunities</td>
<td>30%</td>
</tr>
<tr>
<td>Scope of the scientific programme</td>
<td>19%</td>
</tr>
<tr>
<td>Quality of science</td>
<td>18%</td>
</tr>
<tr>
<td>Interactive sessions and debates</td>
<td>14%</td>
</tr>
<tr>
<td>Professional development/ skills building opportunities</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

The Journal of the International AIDS Society (JIAS) provides a forum for the dissemination of HIV-related research from various disciplines and strongly encourages submissions from investigators in low- and middle-income countries. It includes peer-reviewed HIV research articles and commentary across disciplines, focusing on research conducted in resource-limited settings. All articles are open access and available online at www.jiasociety.org. More than 77,000 readers accessed articles during the year, illustrating the journal’s role as a valued resource.

In 2009, article submissions increased dramatically to an average of 15 per month, with a total of 38 articles accepted for publication. Nearly 60% of the submitted manuscripts and 45% of published articles were authored by researchers from low- and middle-income countries. In November, IAS launched for the first time a thematic series. Focused on HIV and disability, the series provided readers with an update on developments in an area of study that is often overlooked. The papers explored disability as a sequel to HIV infection and treatment, and the evidence that people with disabilities are at increased risk of HIV infection. Also in 2009, JIAS published a supplement entitled The AIDS 2008 Impact Report: from Evidence to Action, which was produced to inform the global response to HIV using the evidence, lessons learned, and debates from the XVII International AIDS Conference (AIDS 2008), held in Mexico City from 3-8 August 2008.

IAS: Providing Professional Development Opportunities

As part of the journal’s mission to encourage the ongoing professional development of investigators working in HIV, JIAS editors provide online mentoring and training to help improve junior investigators’ skills in writing for scientific journals. The journal also organized a “Publish or Perish” workshop at IAS 2009, which was highly rated and well attended. Authors whose articles do not meet the publication’s criteria are referred to AuthorAID, a mentoring programme designed to encourage the authors to seek advice on how to improve their manuscript for re-submission. JIAS also provides constructive suggestions on how to improve manuscripts through its editorial process.

JIAS is currently establishing collaborations with the European Association of Science Editors (EASE) to extend its expertise in supporting authors.

Editors-in-Chief: Susan Kippax, The University of New South Wales; Papa Sali Sow, University of Dakar; Mark Warnberg, McGill AIDS Centre, Jewish General Hospital

Scholarships and Awards

International Scholarship Programme

The International Scholarship Programme provides full and partial scholarships to highly qualified applicants who would be unable to attend IAS conferences without support. The programme’s goal is to bring individuals to the conference who will be most able to transfer the newly acquired skills and knowledge to their own organizations and communities upon returning home.

The IAS received more than 2,000 scholarship applications for IAS 2009 from 160 countries and representing several sectors: scientific, medical, community and the media. Scholarships were awarded to 197 individuals, many of whom contributed to the conference by presenting research through oral sessions, poster discussions and exhibits.

IAS 2009 Scholarships Awarded by Geographical Region

Asia / Pacific 25%
Europe 15%
North America 10%
Africa 35%
Latin America / Caribbean 15%

Research Promotion Programmes for innovation in HIV Research

Introducing Investigators to The Field of HIV Research

With the support of the U.S. National Institutes of Health (NIH), the IAS established, a new scholarship programme to encourage innovative research in the field of HIV. The programme identified scientists from disciplines that have not historically been focused on HIV, portraying talent from fields such as genomics, genetics, gene technology, structural biology, and bioengineering. The programme awarded scholarships to 21 basic and experimental scientists who had excellent scientific records, but no prior experience in HIV research. Recipients attended IAS 2009 and participated in an introduction to the HIV field. This programme will be followed-up in through the launch of a new research grant supporting Creative and Novel Ideas in HIV Research.

IAS-NIDA Fellowship Programme

With support from the U.S. National Institute on Drug Abuse (NIDA), the IAS has established a research fellowship programme focusing on HIV and drug use, with the goal of contributing to advancing the scientific understanding of drug use and HIV, while fostering multinational research on HIV and drug use.

The two awards include: US$75,000 to be awarded to a junior scientist for 18 months for post-doctoral training and US$75,000 to be awarded to a well-established HIV researcher for an eight-month period of professional development training, both at leading institutes excelling in research in the HIV-related drug use field.

The two inaugural fellowships were awarded at IAS 2009 to:

• Dr. Micah Ongeri Oyaro, Nairobi, Kenya, for his research, “Social networks, status and molecular epidemiology of HIV, HBV and HCV infections among drug abusers in Kenya” He will work under the mentorship of Dr. John Wylie at University of Manitoba in Canada.

• Dr. Maria Gudelia Rangel, Cuernavaca, Mexico, for her research, “HIV prevalence in clients in substance abuse rehabilitation centres in Baja California, Mexico”. She will complete her research under the mentorship of Prof. Stefanie Strathdee at the University of California, San Diego.
Research Excellence: Recognized at IAS 2009

Three prestigious scientific awards were presented to six recipients at IAS 2009.

IAS/Agence Nationale de Recherche sur le SIDA (ANRS) Young Investigator Awards

The Young Investigator Awards support young researchers (35 or younger) who demonstrate innovation, originality and quality in the field of HIV and AIDS research.

Renato Aguilar for research conducted in Brazil and USA. (Track A: Basic Science)
Max O’Donnell for research conducted in South Africa. (Track B: Clinical Science)
Ashraf Fawzy for his research conducted in Zambia. (Track C: Biomedical Prevention)
Ingrid Bassett for research conducted in South Africa. (Track D: Operations Research)

Young Investigator Prize: Women, Girls and HIV

The Young Investigator Prize: Women, Girls and HIV awarded to a young woman investigator from a low- or middle-income country whose abstract demonstrates excellence in research and/or practice that addresses women, girls and gender issues related to HIV/AIDS.

Linnet N. Masese for research conducted in Kenya.

IAS TB/HIV Research Prize

IAS TB/HIV Research Prize is awarded to a young or established researcher whose abstract demonstrates excellence in basic, clinical or operations research in TB/HIV prevention, care and treatment.

Clare van Halsema for research conducted in South Africa.

Regional Partnerships

The IAS believes strong regional networks of HIV professionals are a major driving force for promoting action, sharing knowledge, creating a progressive legal and policy environment, and ensuring access to new evidence-based research. IAS continued to strengthen its partnerships with regional networks throughout 2009 by providing technical and financial support to foster collaboration and encourage capacity building. IAS also offered experience and expertise in event planning and implementation to support regional conferences.

Creative and Novel Ideas in HIV Research (CNIHR) Grant Programme

In collaboration with the U.S. National Institutes of Health (NIH) and the Centers for AIDS Research (CFARs), the IAS launched a new research grant programme in 2009: Creative and Novel Ideas in HIV Research (CNIHR). The programme will support developmental research projects by scientists with expertise from disciplines other than HIV and AIDS. The innovative projects will help address new questions related to emerging issues of long-term survival with HIV infection, and the prevention of HIV transmission. The initiative aims at fostering cross disciplinary research, promoting novel ideas, and assisting investigators from all disciplines early in their careers. Details are available at www.cnihr.org.

Communications

An effective communication plan is vital to the success of the IAS. Components of our plan include a website, the quarterly IAS Newsletter, monthly e-mail updates, position statements and reports, and media outreach. These efforts are critical in reaching a broad and diverse global audience, promoting public awareness of HIV disseminating new research and analysis, and advocating for political leadership to make the financial and policy commitments required for an effective response to the HIV pandemic.

The IAS’s improved online presence helped strengthen its communications with members, partners and stakeholders, providing relevant and timely information, easing the coordination of advocacy initiatives and serving as a tool to provide professional development opportunities. In 2009, the IAS added a searchable online resource library, allowing users to access key reports, presentations, webcasts, conference abstracts and photos from IAS-convened meetings and events. Visits to the IAS website reflect its importance as a critical source of information and analysis for HIV professionals. In 2009, visits increased by 40 percent, from approximately 200,000 visits in 2007 to over 500,000 in 2009. The IAS plans to continue this trend and encourages you to visit the website (www.iasociety.org) as we expand the resources available.
Long-Term Organizational Sustainability and Success
The IAS Strategic Plan 2010–2014

The new IAS strategic plan was developed at a critical time in the global response to AIDS.

Despite the remarkable progress demonstrated as a result of scaling up prevention, treatment, care and support programmes, and the impact that research is having on our understanding of the epidemic, political and financial commitment to AIDS appears to be waning in some countries. At a time when there appears to be growing complacency among many political leaders and communities, the strong voice of the IAS will be more important than ever.

The IAS held extensive global consultations with members and partners to develop its new strategic plan, including key stakeholder interviews, an online forum to gather input, and several meetings of the IAS Governing Council. The year-long intensive and inclusive process allowed IAS to develop a four-year strategic plan that aligns its unique strengths and strategic priorities to maximize its contribution to the global response to AIDS. The IAS Strategic Plan 2010–2014 is available at www.iasociety.org

Membership

The membership of the IAS is the foundation on which the organization acts as the independent voice of experts and professionals working in HIV throughout the world.

A prominent, talented, respected, diverse and actively engaged membership is fundamental to the IAS, and is central to how we achieve our vision and mission. The IAS is committed to supporting its members in their work, connecting them to one another, and engaging them in advancing the implementation of an evidence-based response. IAS members are elected to the Governing Council, which provides sound and transparent governance and oversight of the Secretariat, and ensures clarity of mission and achievements. These are the key elements for sustaining the IAS membership, ensuring its active engagement and maintaining effective governance.

The IAS has over 14,000 members from 190 countries

<table>
<thead>
<tr>
<th>Members by Region</th>
<th>2009</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>3,742</td>
<td>26.0%</td>
</tr>
<tr>
<td>Asia and the Pacific Islands</td>
<td>1,764</td>
<td>12.3%</td>
</tr>
<tr>
<td>Europe</td>
<td>2,865</td>
<td>20.8%</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>2,350</td>
<td>16.7%</td>
</tr>
<tr>
<td>USA and Canada</td>
<td>3,485</td>
<td>24.2%</td>
</tr>
<tr>
<td>Total</td>
<td>14,379</td>
<td>100%</td>
</tr>
</tbody>
</table>
IAS Member Benefits

IAS member benefits include the opportunity to inform the development of the organization’s strategic priorities, programmes and initiatives, as well as:

• IAS Newsletter with original articles about important research and policy developments and IAS initiatives, along with programme updates, reports from key events and notices of upcoming events
• professional development, training and mentoring opportunities
• member e-updates on key events and issues
• the right to nominate candidates to the IAS Governing Council and vote in elections and general membership meetings
• access to the members-only area of the IAS website to search and contact members and to post and find job vacancies in the field of HIV
• The opportunity to post conferences and meetings on the events calendar of the IAS website
• discounted subscription to AIDS, the official journal of the IAS
• participation in the IAS strategic planning process.

IAS Membership by Region

The largest proportion of membership growth in 2009 was in the Africa region, which increased by 39.5% over the previous year, from 2,263 to 3,742.

2009 Membership Activities

IAS members had opportunities to speak with Governing Council members and secretariat staff at IAS 2009 and at the following regional conferences:

• 9th International Congress on AIDS in Asia and the Pacific (ICAPA) 9 August, Bali, Indonesia
• 3rd Eastern Europe and Central Asia AIDS Conference (EECAAC) September, Moscow, Russia
• 13th annual United States Conference on AIDS (USCA) October, San Francisco, USA
• 12th European AIDS Conference (EACS) November, Cologne, Germany
• 5th Forum on HIV/AIDS and Sexually Transmitted Infections (FORO) November, Lima, Peru

Governance

The IAS Governing Council includes 25 individuals elected by IAS members from five regions: Africa, Asia and the Pacific Islands, Europe, Latin America and the Caribbean, and USA and Canada. In addition, three members are elected by the council to serve as president, president-elect and treasurer.

The executive committee consists of the president, president-elect and treasurer, plus one representative from each region who is selected by their regional council members. The executive committee meets three times a year. The IAS is accountable to its members through the biennial elections of its Governing Council. Members serve four-year terms, with terms staggered to maintain institutional memory.
Our Donors

As an independent, non-profit organization, the IAS relies on a variety of sources to fund its operations. Our members and donors are crucial to sustaining IAS activities, programmes and conferences, and we are grateful for their continued support.

UNAIDS provided continued funding for the IAS’ monitoring and advocacy aimed at eliminating HIV-related travel restrictions.

The Office of AIDS Research (OAR) of the U.S. National Institutes of Health (NIH) provided funding to support preparation of a basic science workshop, Towards a Cure: HIV Reservoirs and Strategies to Control Them, to be held immediately prior to the XVIII International AIDS Conference (AIDS 2010).

OAR also provided support for a fellowship programme, Creative and Novel Ideas in HIV Research Initiative, to introduce investigators from a wide array of basic science disciplines to the field of HIV research.

The U.S. National Institute on Drug Abuse (NIDA) at NIH provided support for a research fellowship programme focusing on HIV and drug use with the goal of contributing to advances in the scientific understanding of the complexity of drug use and HIV. The Bill & Melinda Gates Foundation provided continued support for the IAS’ Regional Partnerships Programme.
Report of the Auditor to the Governing Council of the International AIDS Society
5th International AIDS Conference, Cape Town, 19-22 July 2009

As auditor, we have been engaged to audit the accompanying statement of income and expenditures of the 5th International AIDS Conference, Cape Town, 19-22 July 2009, which comprise the income statement and explanatory note.

Board of Directors’ 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 5th International AIDS Conference, Cape Town, 19-22 July 2009 statement of income and expenditures, comply with Swiss law, the organisation’s statute and are in accordance with the accounting policies described in note 2 to the International AIDS Society financial statements for the year ended 31 December 2009.

KPMG SA
Geneva, 5 May 2010

Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge

Katelyn Peck

Enclosure: Statement of income and expenditures (income statement and explanatory notes)

5th IAS Conference on HIV Pathogenesis, Treatment and Prevention, Cape Town, 19-22 July 2009

Final Statement of Income & Expenditures
Currency: US Dollar

<table>
<thead>
<tr>
<th>Notes</th>
<th>Projection</th>
<th>Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Sponsorship</td>
<td>3,145,000</td>
</tr>
<tr>
<td>3</td>
<td>Exhibitions and satellites</td>
<td>860,000</td>
</tr>
<tr>
<td>4</td>
<td>Registration fees</td>
<td>2,200,000</td>
</tr>
<tr>
<td>5</td>
<td>Other revenues</td>
<td>65,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total income</strong></td>
<td><strong>6,270,000</strong></td>
</tr>
<tr>
<td>6</td>
<td>Logistics</td>
<td>1,162,450</td>
</tr>
<tr>
<td>7</td>
<td>Commercial sponsorship</td>
<td>137,550</td>
</tr>
<tr>
<td>8</td>
<td>Scholarships</td>
<td>699,500</td>
</tr>
<tr>
<td>9</td>
<td>Programme</td>
<td>605,750</td>
</tr>
<tr>
<td>10</td>
<td>Air</td>
<td>235,000</td>
</tr>
<tr>
<td>11</td>
<td>Ias conference secretariat</td>
<td>708,500</td>
</tr>
<tr>
<td>12</td>
<td>It</td>
<td>405,500</td>
</tr>
<tr>
<td>13</td>
<td>Communications</td>
<td>366,700</td>
</tr>
<tr>
<td>14</td>
<td>Evaluation + quality assessment</td>
<td>89,250</td>
</tr>
<tr>
<td>15</td>
<td>Resource development</td>
<td>156,000</td>
</tr>
<tr>
<td>16</td>
<td>Revolving fund</td>
<td>500,000</td>
</tr>
<tr>
<td>17</td>
<td>Governance</td>
<td>157,000</td>
</tr>
<tr>
<td>18</td>
<td>Audit / finance</td>
<td>257,500</td>
</tr>
<tr>
<td>19</td>
<td>Various financial costs &amp; ticks</td>
<td>290,000</td>
</tr>
<tr>
<td>20</td>
<td>Start-up costs</td>
<td>136,434</td>
</tr>
<tr>
<td>21</td>
<td>Other local costs</td>
<td>305,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total expenditures</strong></td>
<td><strong>6,212,134</strong></td>
</tr>
</tbody>
</table>

**TOTAL SURPLUS / (DEFICIT)**

<table>
<thead>
<tr>
<th></th>
<th>Projection</th>
<th>Actuals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>57,866</td>
<td>294,719</td>
</tr>
</tbody>
</table>
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, 2010. The “Projection” figures in the left column reflect the last budget accepted by the AIDS 2009 Conference Coordinating Committee on 17 July 2009.

2. Sponsorship

Sponsorship includes all sponsors and donors. Major sponsors for IAS 2009 included:

- The Bill and Melinda Gates Foundation
- Swedish International Development Cooperation Agency (Sida) & Norwegian Ministry of Foreign Affairs
- CDC
- NIH
- UNAIDS
- Abbott Laboratories
- Boehringer Ingelheim
- Bristol Myers Squibb Co
- Gilead
- GlaxoSmithKline
- Merck & Co, Inc
- MSD
- Pfizer
- Tibotec

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 USD 4,297 (Sydney Conference in 2007 USD 4,422).

<table>
<thead>
<tr>
<th>Paid Registration</th>
<th>Cape Town</th>
<th>Sydney</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully paying registrations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- OECD country delegates</td>
<td>1 944</td>
<td>2 594</td>
</tr>
<tr>
<td>- Non-OECD country delegates</td>
<td>1 880</td>
<td>3 911</td>
</tr>
<tr>
<td>Students</td>
<td>324</td>
<td>349</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Accompanying Persons and Children</td>
<td>119</td>
<td>137</td>
</tr>
<tr>
<td>Total fully paid registrations</td>
<td>4 297</td>
<td>4 422</td>
</tr>
<tr>
<td>Non-paid registrations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td>306</td>
<td>252</td>
</tr>
<tr>
<td>Free Registrations (including scholarship recipients, volunteers and staff)</td>
<td>2 186</td>
<td>2 005</td>
</tr>
</tbody>
</table>

4. Other revenues

Other sources of revenue include the sale of commercial and NGO satellites, office space and the sale of abstract books.

5. Logistics

The main expenditures incurred for the Logistics are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities (rent, signage and set up of venue)</td>
<td>555 000</td>
</tr>
<tr>
<td>On Site and Logistic Personnel (500 staff and volunteers)</td>
<td>96 000</td>
</tr>
<tr>
<td>Fees to PCO (KIT) for: project management, registration and exhibition handling</td>
<td>246 000</td>
</tr>
<tr>
<td>Printed material (badges, information, Programme, etc)</td>
<td>46 000</td>
</tr>
<tr>
<td>Bags and Badges</td>
<td>95 000</td>
</tr>
<tr>
<td>Travel, logistic staff</td>
<td>214 000</td>
</tr>
<tr>
<td>Refreshment, technical, postage, etc</td>
<td>9 000</td>
</tr>
</tbody>
</table>

6. Scholarships

These figures include scholarships recipients and speakers as per the main details bringing 197 speakers and delegates to conference mainly from developing countries:

<table>
<thead>
<tr>
<th>Item</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>349 000</td>
</tr>
<tr>
<td>Accommodation &amp; per diem</td>
<td>79 000</td>
</tr>
<tr>
<td>Registration fees</td>
<td>70 000</td>
</tr>
<tr>
<td>Handling</td>
<td>43 000</td>
</tr>
<tr>
<td>Media scholarships</td>
<td>11 000</td>
</tr>
</tbody>
</table>

7. IAS Conference Secretariat (Geneva)

<table>
<thead>
<tr>
<th>Item</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>372 000</td>
</tr>
<tr>
<td>Office costs</td>
<td>277 000</td>
</tr>
<tr>
<td>Travel</td>
<td>207 000</td>
</tr>
<tr>
<td>Legal services</td>
<td>3 000</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>36 000</td>
</tr>
</tbody>
</table>

8. Revolving Fund

US$ 500,000 has been allocated to the Revolving Fund for future IAS Conferences.

9. Governance

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

10. Various Financial Costs

The various financial costs include:

<table>
<thead>
<tr>
<th>Item</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign exchange gain</td>
<td>(64 000)</td>
</tr>
<tr>
<td>Bank &amp; credit cards fees</td>
<td>36 000</td>
</tr>
<tr>
<td>VAT</td>
<td>8 000</td>
</tr>
<tr>
<td>Insurances</td>
<td>40 000</td>
</tr>
<tr>
<td>Carbon Offset</td>
<td>24 000</td>
</tr>
<tr>
<td>Voluntary delegate contributions to: Membership “IAS”</td>
<td>218 000</td>
</tr>
</tbody>
</table>

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 opening.
Report of the Auditor to the Governing Council on the Financial Statements of
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 2009.

Board of Directors’ 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 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 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 2009 comply with Swiss law, the organisation’s statute and are in accordance with the accounting policies described in note 2 of the financial statements.

KPMG SA
Geneva, 5 May 2010

Enclosure: Financial statements (balance sheet, income statement and notes)