Nobody Left Behind

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The IAS secretariat is busy working on its forthcoming conferences. The AIDS 2014 Conference Coordinating Committee is currently finalizing the conference programme. At the same time, planning for the IAS 2015 conference (Vancouver, Canada, July 2015) and AIDS 2016 (Durban, South Africa, July 2016) is also moving ahead.

We are just a few months away from AIDS 2014 and we can really feel a growing level of enthusiasm and interest for the conference both at an international and local level. Melbourne is buzzing with energy and we already have more than 80 events planned in Australia before and during AIDS 2014.

Such interest is certainly due to the reputation of the International AIDS Conference whose programme will once again demonstrate the engagement, focus and quality of work that is done in and around the field of HIV. We all know that the challenges we are facing with HIV and associated diseases like hepatitis, tuberculosis and non-AIDS comorbidities, are far from being overcome. As we get closer to the 2015 Millennium Development Goals, global health priorities are rapidly changing. The upcoming AIDS conference will be the place to also strengthen our mobilization towards the next global health challenges. Universal access at an affordable price to the new hepatitis C treatments will certainly be one of those.

AIDS 2014 will also be the place to voice strongly against repressive policies that violate human rights and significantly impede access to health efforts in key affected populations.

In January, the initiative Towards an HIV Cure, organized a community training workshop in Chennai, India. It was rewarding for me to speak in front of an eager audience made up of young researchers and members of the HIV positive community. I believe that information sharing and community involvement are key to encouraging new collaborations and research projects. We are also looking forward with great expectation to the forthcoming Towards an HIV Cure Symposium taking place in Melbourne, Australia, 19-20 July 2014.

I would like to end my message by paying tribute to Nelson Mandela, one of the greatest leaders of our times and a champion in the response to HIV, who passed away last December. His passing was deeply saddening, but his legacy will last in each one of us determined to end the HIV epidemic.

Françoise Barré-Sinoussi
IAS President

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As we all know, in recent years the landscape of the HIV epidemic has dramatically changed demanding a more targeted and focused response. As a dynamic, independent organization, we have to evolve too, in order to fulfill our values and objectives and to maximize our impact.

In the second half of 2013 we held a series of internal and external meetings to analyze the organization’s position within the HIV sector and our added value. We discussed about the future of the IAS, its successes so far but also the potential challenges lying ahead of us. We also looked at the synergies between our Research Promotion and Policy and Advocacy work and decided to merge the two to improve the efficiency and effectiveness of what we do.

At the same time we decided to start looking at how we can strengthen our involvement in hepatitis C and other HIV related co-infections.

In addition, we decided that the focus in 2014 will be on three key priorities. One is Key Affected Populations (KAPs), comprising men who have sex with men, sex workers, people who inject drugs and transgender people. The other two are paediatric HIV and HIV Cure.

This month we are launching an exciting new project, the Nobody Left Behind campaign, aimed at mobilizing key stakeholders and public opinion to promote and protect the rights of Key Affected Populations. The campaign will run in conjunction with the publication of a White Paper on access to treatment for KAPs which will be launched at the AIDS 2014 conference in Melbourne.

We are also happy to share great news about CIPHER, our paediatric initiative, which has recently received a second generous grant of £500,000 from ViiV Healthcare to strengthen and extend our activities in paediatric HIV.

Evaluation and feedback on the work we do are very important to us. The Evaluation Report of the 7th IAS Conference on HIV Pathogenesis, Treatment, and Prevention (IAS 2013) is now available online and shows that IAS 2013 was yet another successful conference. While we are enormously gratified by this positive feedback, we know well that we could not achieve these results without our partners and our members.

A number of colleagues left the IAS secretariat at the end of 2013 after many years of committed work and tireless service to the HIV response. On behalf of the IAS and its members, I would like to express my gratitude to them and wish them all the best for the future.

Bernard Kadasia
IAS Acting Executive Director
AIDS 2014 Programme steps up the pace

As the imminent 20th International AIDS Conference (AIDS 2014) programme nears completion, interest continues to grow at every level of the HIV response.

More than 8,000 abstracts were submitted during the application period which closed on 6 February 2014. The most cutting edge submissions will be used to build the abstract, workshop, Global Village and Youth components of the programme.

Most of the abstracts submitted fell under Track D: Social and Political Research, Law, Policy and Human Rights (33.3%), followed closely by Track C: Epidemiology and Prevention Research (25.2%). Regionally, the majority of abstracts are from Asia, the Pacific Islands and Africa, however the United States, India, Nigeria, Uganda and Australia are strongly represented throughout all submissions.

Professor Sharon Lewin, AIDS 2014 Local Co-Chair, was pleased with the submission figures and said that, “the submission rates prove there is a strong commitment to the HIV response despite the travel distance to Melbourne and the funding restrictions that many organizations are facing. Given the significant number of submissions from Asia and the Pacific Islands, it will be a chance to highlight the diverse nature of the Asia Pacific region’s HIV epidemic and the unique responses to it.”

Echoing Professor Lewin’s thoughts, Professor Françoise Barré-Sinoussi, IAS President and AIDS 2014 International Co-Chair, said: “It is crucial, that each of us: scientists, healthcare professionals, opinion and political leaders, people living with HIV and their representatives, attend the conference in Melbourne to demonstrate our determination and our commitment. It is critical to accelerate development in science, to progress in access to health for all and to advance human rights and social justice.”

The conference programme will provide a platform for the latest HIV research and state-of-the-art programming. Historically, only a small proportion of submissions (approximately 30%, including poster exhibition) make it into the final programme of the conference. Abstracts are now being reviewed and scored by a team of 1,400 reviewers from 87 nations. The Programme Committees will gather in April for an intense three day meeting to build sessions that will form the core of the AIDS 2014 programme.

Brent Allan, Community Programme Committee Co-Chair is looking forward to meeting colleagues in Melbourne to “work together to create sessions that explore recent scientific advances, best practices and shared challenges that touch all regions and around the world, creating a programme that shapes and drives the response for the next few years.”

Workshop and Programme Activity working group members met during the first week of April to select top scoring workshops, sessions, performances, installations and networking zone proposals.

These programme developments follow the announcement in late January of the plenary speakers (see next page). Plenary speakers will speak on a specific theme for each day. Conference Coordinating Committee (CCC) members chose each speaker based on their outstanding contribution to the HIV response, their expertise in a selected topic area and their ability to reach a wide audience.

The programme will again host bridging sessions to provide multidisciplinary, multi-perspective dialogues and to link the three programme components - science, community and leadership and accountability. Confirmed bridging session topics include access to hepatitis C testing and treatment, ageing, multidisciplinary health programming, partnerships in the HIV Response, LGBTI rights and transitioning from paediatric to adolescent care.

Dr Gita Ramjee, Scientific Programme Committee Co-Chair, noted that the “bridging sessions are especially critical because they are an opportunity for experts from every aspect of the HIV response to engage and share knowledge and explore how the linkages and synergies might be used to create effective partnerships.”

Elly Katabira, IAS Immediate Past President and AIDS 2012 International Co-Chair is looking forward to the critical themes addressed at AIDS 2014: “AIDS 2012 was a celebration of effective advocacy as people living with HIV were welcomed to the United States and, after getting an update on the conference planning, I predict AIDS 2014 will be a defining moment as well, fostering discussion around a comprehensive action plan for the HIV response post-2015.”

The Abstract Mentor Programme

This year the Abstract Mentor Programme recruited 109 volunteer mentors who provided expert feedback on 405 abstracts. More than 300 researchers from around the world made use of this unique service to develop their abstract writing skills. The programme aims to provide equal opportunities for researchers who are less experienced abstract submitters or who live in resource-limited settings, to present their findings at the conference.

Experienced abstract writers are invited to register their interest in volunteering for the next round of Abstract Mentoring, for the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015), which will take place on 19–22 July 2015, by sending an email stating their full name and email address to mentor@aids2014.org.

AIDS 2014 on the road in India

Local Co-Chair Professor Sharon Lewin took AIDS 2014 on the road to India in March. At a public seminar in New Delhi hosted by UNAIDS and the Government of Victoria, Australia, Professor Lewin delivered a lecture titled Towards an HIV Cure: Dare to Dream? to some 100 guests. She met with Government bureaucrats in Delhi. Prior to the lecture, Professor Lewin met with some key Indian media outlets.

From Delhi, Professor Lewin travelled to Pune where she met with Ramesh Paranjape, director of the National AIDS Research Institute, before taking part in a session on HIV Cure at the HIV Congress in Mumbai.

Continued on page 4
World AIDS Day 2014 in Melbourne

AIDS 2014 Local Co-Chair Sharon Lewin officially launched the countdown to AIDS 2014 in Melbourne on World AIDS Day 2013. Lewin joined Nobel Laureate and human rights activist Aung San Suu Kyi, Chairperson of the National League for Democracy in Myanmar and UNAIDS Global Advocate for Zero Discrimination and Michel Sidibé, UNAIDS Executive Director, both in Melbourne to participate in World AIDS Day activities.

Other World AIDS Day activities included:

**Paint the Town Red** - the AIDS 2014 local secretariat and friends took to the streets to support the Melbourne Youth Force and promote the conference as part of the “Paint the Town Red” initiative in Federation Square on Saturday, 30 November. Giant “World AIDS Day” letters were installed on the bridge near the Square to raise awareness about World AIDS Day in Melbourne.

**World AIDS Day Worldwide** - Australia’s only LGBTI radio station and AIDS 2014 official media partner JOY 94.9 hosted a global conversation streamed over 24 hours live on-air and online from the Melbourne studios. The event featured interviews with esteemed scientists, political figures, policymakers and community representatives from around the world who joined those in Australia to have a global conversation about critical issues in the response to HIV. Video highlights of the day and podcasts of interviews are available here: www.worldaidsdayworldwide.org

What does AIDS 2014 mean to you?

Let us know your aspirations for the biggest, global HIV and AIDS conference. What issues are close to your heart that you would like to see reflected in the conference?


YOUR AIDS 2014

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The committee discussed the conference programme structure. The programme will include ground-breaking presentations from top investigators covering the four conference tracks to be called Basic Science; Clinical Science; Prevention Science; and Implementation Science. In addition, a wide range of dynamic activities, such as workshops, “meet the expert” sessions and symposia sessions will provide participants with opportunities to network, share best practice and present their studies.

In addition, it was agreed to follow the recommendation of the IAS Governing Council Future Conferences Working Group to widen the scope of the IAS Conference to include Hepatitis, Tuberculosis and other HIV-related topics.

The CCC also discussed the role and make-up of the Community Advisory Group (CAG) which advises the CCC on community matters and contributes to the development of the overall conference programme. It was noted that membership should be as diverse and equitable as possible with regards to gender, HIV status, age, ethno-cultural background, programme structure. The programme will include ground-breaking presentations from top investigators covering the four conference tracks to be called Basic Science; Clinical Science; Prevention Science; and Implementation Science. In addition, a wide range of dynamic activities, such as workshops, “meet the expert” sessions and symposia sessions will provide participants with opportunities to network, share best practice and present their studies.

The committee discussed nominations for these positions and invites will be sent out shortly.

There will be five members for IAS 2015 CAG:

- Three local representatives (nominated by the local partner UBC)
- One international representative (nominated by the civil society partners for the International AIDS Conference)
- One representative from the IAS 2013 CAG

The committee discussed nominations for these positions and invites will be sent out shortly.

Conference Objectives

- Focus on the latest HIV science and its applications for prevention, treatment and care worldwide
- Provide new insights into HIV vulnerability and determinants of disease progression
- Develop strategic discussions around the increasing challenges of TB, viral hepatitis and chronic co-morbidities
- Continue to support research into treatment as prevention, the search for functional remission/cure and vaccine
- Review implementation research that addresses barriers to scaling up and integrating research and prevention in resource limited and policy constrained settings
- Highlight the situation of HIV in Canada and in the USA
In an effort to continuously improve, identify strengths and weaknesses, measure impact and be accountable to delegates, non-delegates, donors, sponsors and other stakeholders the IAS evaluates each conference. This has now been done for the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) held in Kuala Lumpur, Malaysia, from 30 June to 3 July 2013. The conference attracted 5,167 participants, including 3,609 delegates from 132 countries.

The leading data collection instrument was an online survey sent to all individual delegates at the end of the conference and which attracted a response rate of 33%.

In addition to the online delegate survey, individual interviews with delegates and focus group discussions were conducted both during and after the conference. Questions assessed the motivation to attend the conference, the perceived benefits of attending the conference, the quality and relevance of the science presented and how the conference could be improved. The delegate profile, marketing of the conference, services provided online and onsite and the impact of the previous IAS conference (IAS 2011, held in Rome, Italy), are also reported on.


Reference

1. This classification includes regular delegates, student/youth/post-docs, speakers, media representatives and scholarship recipients. It excludes staff, organizers, volunteers, hostesses, exhibitors, accompanying persons and faculty (one-day attendees).

Editors-in-Chief:
Susan Kippax, PhD (Australia)
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Mark Wainberg, PhD (Canada)

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The Global Action to reduce HIV stigma and discrimination supplement highlights current interventions to reduce HIV-related stigma and discrimination and demonstrates how these interventions have impacted the communities in which they are implemented.
http://www.jiasociety.org/index.php/jias/issue/view/1464

The epidemiology of HIV and prevention needs among men who have sex with men in Africa supplement features new epidemiological data on the HIV burden among MSM populations in Africa and addresses the challenges of intersecting stigmas related to HIV and sexual orientation.
http://www.jiasociety.org/index.php/jias/issue/view/1465

Latest Review
Spending of HIV resources in Asia and Eastern Europe: systematic review reveals the need to shift funding allocations towards priority populations.

Latest Research Article
Sources of HIV incidence among stable couples in sub-Saharan Africa.

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Welcome back to Durban!

By Professor Olive Shisana, AIDS 2016 Local Co-Chair

I am so proud that Durban, South Africa was chosen to host the 21st International AIDS Conference (AIDS 2016) from 17 to 22 July 2016.

The biennial International AIDS Conference truly is the premier gathering for those working in the field of HIV, as well as policymakers, people living with HIV and others committed to the global response to HIV and AIDS. AIDS 2016 will provide a tremendous opportunity to show how much progress South Africa, a country profoundly impacted by the HIV epidemic, has made in implementing and funding evidence-based prevention and treatment interventions.

This is the second time that Durban will be hosting the International AIDS Conference, having hosted the XIII International AIDS Conference in 2000 under the theme Breaking the Silence. That conference was the first to take place in a developing country and enormously helped to change the structure and nature of the AIDS conferences. I look forward to working with many scientists to enable researchers to showcase the progress that Africa has made in managing the HIV and AIDS epidemics. With its large epidemic, South Africa offers an opportunity for conducting research on the results of which may benefit other countries.

I would like to welcome the three African and three South African organizations which have recently been chosen to represent community, leadership and science pillars on the Conference Coordinating Committee (CCC), the highest governing body for the International AIDS Conference.

Local
- Community - South African National AIDS Council (http://www.sanac.org.za/)
- Leadership - South African Ministry of Health (http://www.health.gov.za/)
- Science - South African Medical Research Council (www.mrc.ac.za)

Regional
- Community - The AIDS and Rights Alliance (ARASA) (www.arasa.info)
- Leadership - Enda Santé (www.enda-sante.org)
- Science - Réseau Africain des Praticiens assurant la prise en charge medicale des personnes vivant avec le VIH/SIDA (RESAPSI)

These organizations join the international partners – International AIDS Society (IAS), the Joint United Nations Programme on HIV/AIDS (UNAIDS), 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 Positive Women’s Network - South Africa and The Global Forum on MSM & HIV (MSMFG).

The participation of these partners is a critical component in ensuring the success of the conference. Their responsibilities include the integration of any local and regional components within the conference, reaching out to local and regional stakeholders and building strong support at all levels and with all relevant structures in the country and region for the conference.

I hope all of you will be in Durban to take part in this event which will have a lasting impact on one of the most important challenges of South Africa, Sub-Saharan Africa and the world.

Regional Conferences

IAS at ICAAP11

The 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), held from 18-22 November 2013 welcomed almost 4,000 participants to Bangkok, Thailand. The IAS made the most of this important event in the HIV calendar by hosting, co-organizing and participating in various events. IAS activities included a High Level Panel on HIV and Drug Use in Thailand; the IAS exhibition booth; the popular How to write a research manuscript workshop; a satellite session on Human Rights and the Role of HIV Professionals; and a Science Update: from KL to Bangkok, which highlighted the main research reported on at IAS 2013.

For the full report, see: www.iasociety.org/Web/WebContent/File/IAS_at_ICAAP_Oct_2013.pdf

IAS at ICASA

The International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) is a biennial conference that alternates between Johannesburg and Francophone African countries. It provides a forum for exchange of experiences and lessons learned from around the world when responding to HIV/AIDS, and STIs. This event is the continent’s largest gathering of HIV/AIDS activists and researchers. The 17th ICASA took place in Cape Town, South Africa from 7-11 December 2013. The IAS used this opportunity to connect and network with African-based partners and members.

Events included an IAS/UCT Colloquium on Scoping the Next Era Of HIV Social Science in Africa; Who, What, How?; a consultation with stakeholders on national AIDS programmes Effectiveness and Efficiency (E²); the IAS Exhibition booth; satellite sessions on What Kind of Problem is a Pill: Social Science Responds to the ART Scale-Up in Africa and Closing the gap of Antiretroviral Treatment coverage in Africa. The IAS also put together a High-level panel on HIV Drug Policy and Public Health in Africa, ran workshops on How to write a conference abstract (in French and English) and How to write a research manuscript, as well as a session on AIDS 2014 - How to get involved.

For the full report see: www.iasociety.org/Web/WebContent/File/IAS at_ICASA_Report_2013.pdf

Welcome back to Durban!
Nobody Left Behind

By Manoj Kurian, IAS Senior Manager, Policy and Advocacy

Globally, the annual number of new HIV infections continues to fall – between 2001 and 2012 in 26 countries – a reduction of more than 50% and encouragingly, the drop was even more pronounced among children. More people than ever are now receiving life-saving antiretroviral therapy, contributing to steady declines in the number of AIDS-related deaths and further strengthening efforts to prevent new infections.1

This is for all of us who work in the sector, good news. Excellent news.

The rollout of antiretroviral therapy to those most in need over the past 20 years has been one of the most significant global health interventions of this and the past century.

Yet for all of that, it has NOT been an intervention that has been universal in its achievements.

Men who have sex with men, sex workers, transgender people, and people who inject drugs, are the Key Affected Populations (KAPs) most burdened by the HIV epidemic. Sex workers, when pregnant and HIV positive, are regularly denied “Prevention of Mother-to-Child Transmission” (PMTCT) services since they are seen as unworthy of care. Men with anorectal sexually transmitted infections in countries where homosexuality is illegal are not only denied care and treatment, but may be harassed and referred to the police. Criminalization and illegality or inaccessibility of sterile injecting equipment make HIV prevention and treatment among people who inject drugs particularly difficult in many countries. Transphobic discrimination, victimization, and lack of social support are consistently associated with attempted suicide, substance use, dropping out of school and unprotected sex among transgender youth.2

The data collected thus far is patchy but still informative and shocking: in an extensive review of data representing 99,878 female sex workers in 50 countries, sex workers were 13.5 times more likely to be living with HIV than the general population of reproductive age.3 Surveillance data in low- and middle-income countries found that men who have sex with men are 19.3 times more likely to be living with HIV than the general population.4

A systematic review and meta-analysis that assessed HIV infection burdens in transgender women in 15 countries5 shows that this population is 48.8 times more likely to be living with HIV than the general population of reproductive age. While opioid substitution therapy (OST) is recognized around the world as part of the comprehensive package of an evidence-based approach to HIV prevention, 2010 data revealed that OST coverage for the treatment and care for people who inject drugs has only reached 6–12% on a global scale, with a wide gap between regions depending on wealth distribution.6 This is a public health disaster and if not urgently addressed, will make it exceedingly difficult to beat HIV and end AIDS in the foreseeable future in some parts of the world.

Progress in reaching the 2015 Millennium Development Goal targets and realizing the UNAIDS’ “zero vision” very much depends on ensuring equitable access to comprehensive HIV services by overcoming stigma and discrimination, eliminating harmful laws that criminalize KAPs and removing barriers to accessing on the ground HIV services.

Led by co-chairs Dr. Chris Beyrer, the President-Elect of the IAS and Professor Michel Kazatchkine, the UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, the IAS Advisory Group on Key Affected Populations will guide IAS advocacy on the elimination of stigma and discrimination of KAPs, promote policy and legal reforms to ensure universal access to HIV services for KAPs and finally, raise KAPs issues at the most influential international forums, culminating in the Nobody Left Behind campaign.

The Nobody Left Behind campaign aims to mobilize key stakeholders to acknowledge and address the challenges faced by KAPs in accessing comprehensive HIV services. Its launch will officially coincide with the presentation of both the IAS Human Rights Code of Conduct for HIV Professionals and the White Paper: Maximizing the treatment and prevention benefits of ART for Key Affected Populations at the 20th International AIDS Conference (AIDS 2014), to be held in Melbourne in July 2014.
Chris Beyrer, M.D, MPH
IAS President-Elect

Dr. Chris Beyrer is Co-Principal Investigator of the newly funded Johns Hopkins Center for AIDS Research (CFAR) and also serves as Associate Director of the Johns Hopkins Center for Global Health.

He has extensive experience in conducting international collaborative research and training programs in HIV/AIDS and other infectious disease epidemiology, infectious disease prevention research, HIV vaccine preparedness, health and migration and health and human rights.

Dr. Beyrer served as Field Director of the Thai PAVE and HIVNET studies from 1992–1996, based in Chiang Mai, northern Thailand, and has done extensive research in the epidemiology of HIV in Thailand, Burma, China, India, South Africa, Malawi, Tanzania, Russia and Kazakhstan.


He currently serves on the Scientific Advisory Board for the U.S. PEPFAR Program, where he co-chairs the working group on key populations.

Reference

Professor Michel Kazatchkine, M.D.
UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia

Professor Michel Kazatchkine has spent the last 30 years fighting AIDS as a leading physician, researcher, administrator, advocate, policy maker and diplomat.

He attended medical school in Paris and has completed post-doctoral fellowships at St. Mary’s Hospital in London and Harvard Medical School.

He is Professor of Immunology at Université René Descartes in Paris and has authored or co-authored over 500 articles focusing on autoimmunity, immuno-intervention and HIV/AIDS.

Professor Kazatchkine has played key roles in various organizations, serving as Director of the national Agency for Research on AIDS (ANRS) in France (1998–2005), Chair of the WHO Strategic and Technical Committee on HIV/AIDS (2004–2007), Member of the WHO Scientific and Technical Advisory Group on Tuberculosis (2004–2007) and first Chair of the Global Fund Technical Review Panel.


In 2007, he was elected Executive Director of the Global Fund, a position in which he served until March 2012.

In July 2012, Professor Kazatchkine was appointed as the UN Secretary-General’s Special Envoy on HIV/AIDS in Eastern Europe and Central Asia. In this position, he focuses on building high-level political support for national and regional responses to the HIV epidemic and advocates for improved access to prevention, treatment and care for the populations most in need.

He is also a Senior Fellow with the Global Health Program of the Graduate Institute for International and Development Studies in Geneva, a member of the Global Commission on Drug Policy and serves as Chair of the Board of the Robert Carr Civil Society Networks Fund.

References

Members of the IAS Advisory Group on Key Affected Populations

Chris Beyrer (Co-Chair)
Michel Kazatchkine (Co-Chair)
Elliot Ross Albers - International Network of People who Use Drugs (INPUD), United Kingdom
Stefan Baral - Johns Hopkins University, USA
Mauro Cabral - Global Action for Transgender Equality, Argentina
Carlos Cáceres - Universidad Peruana Cayetano Heredia, Peru
Dauda Diouf - ENDA Tiers Monde, Senegal
JoAnne Keatley - Centre of Excellence for Transgender Health, University of California, San Francisco, USA
Nina Kerimi - Turkmenistan
Noah Metney - The Global Forum on MSM and HIV (MSMGF), USA
Nadia Rafif - The Global Forum on MSM and HIV (MSMGF), Morocco
Kate Shannon - B.C. Centre for Excellence in HIV/AIDS, Canada

Professor Michel Kazatchkine

Beyond the mission to accelerate and facilitate international research for a potential HIV cure, the IAS Towards an HIV Cure Global Scientific Initiative is strongly determined to ensure that the broader HIV community is involved and engaged in this process.

With this in mind, the Towards an HIV Cure initiative organized a community training workshop on the topic of HIV cure in Chennai, India, in conjunction with the HIV Science 2014 Symposium on HIV and Infectious Diseases, organized by YRG Care.

The workshop aimed to provide the basic elements to understand the challenges and obstacles for an HIV cure, but also the encouraging recent results and the current research directions. The workshop was attended by almost 100 participants, approximately half of whom were young and mid-career researchers and clinicians and the other half were members of the local and regional community and members of HIV+ networks.

Dr. Jack Whitescarver, of the NIH Office of AIDS Research and Dr. Suniti Solomon, Director of YRG Care, co-chaired the workshop and facilitated the discussion. Professor Françoise Barré-Sinoussi, IAS President and co-chair of the IAS Towards an HIV Cure initiative gave the welcoming statement by explaining why an HIV cure is being pursued and the initial results that provide some encouragement, all while stressing that a cure for HIV is unlikely to be a reality for himself, he is hopeful that research will advance to ensure that future generations will be able to benefit from a cure for HIV, allowing patients to safely interrupt antiretroviral therapy and, importantly, be freed from the stigma and discrimination that still surrounds HIV in so many parts of the world.

The satellite workshop continued with two presentations by Dr. Diana Finzi, of the NIAID-NIH, and Dr. Asier Saez-Cirion of the Institut Pasteur. Dr. Finzi provided a very clear background of the basic mechanisms of HIV latency explaining why it is so difficult to target HIV reservoirs. Dr. Finzi went on to highlight the encouraging recent results that provide hope that an HIV cure may be possible one day. These recent studies included the report of the Berlin patient, the only person known to have completely eliminated HIV from his body, the recent case of the Mississippi baby, who was treated very early after birth and is now suppressing viral load even in the absence of antiretroviral therapy. Dr. Finzi also provided balance to her presentation by reminding the audience of the recent case of the two Boston patients, who were initially thought to be in remission of HIV, but who have unfortunately seen their virus return.

Dr. Asier Saez-Cirion gave a stimulating talk on the opportunities of early antiretroviral therapy (ART) in limiting the size and breadth of HIV reservoirs.

In particular, Dr. Saez-Cirion presented the ANRS Visconti cohort of 14 patients who were treated in acute HIV infection phase and, following prolonged and continued ART, subsequently interrupted their therapy and were still able to control viral replication. Although HIV is still present in these individuals, they are now able to control the virus without having to take daily drugs.

Dr. Whitescarver and Professor Solomon chaired the final discussion, which gave rise to a lively interaction between the researchers and the members of HIV+ networks. The community members were eager to understand in detail the current context of HIV cure research and several expressed their wish to engage further and be part of the IAS HIV cure initiative.

While in Chennai, the IAS staff were able to visit the YRG Care Clinic and Laboratory, where Professor Françoise Barré-Sinoussi inaugurated the “HIV Cure Research Laboratory” on 30 January 2014.

In conclusion, the IAS Towards an HIV Cure Community training workshop was successfully attended and gave rise to a lively and interactive discussion. The IAS hopes to repeat this positive experience with additional community workshops elsewhere around the world.
Successful Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) lays foundation for the IAS HIV paediatrics priority

Much progress has been made in scaling up Prevention of Mother-to-Child Transmission (PMTCT) and delivery of antiretroviral therapy (ART) to children, however the paediatric population remains significantly disadvantaged with respect to access to treatment, with only 34% of eligible children receiving ART compared to adults at 65%.

In addition, as the HIV epidemic matures and more children receive treatment, there is an increasing population of perinatally-HIV infected adolescents, facing the challenges of chronic health complications combined with coming of age while living with HIV.

Moreover, despite the concerted global scale-up of PMTCT and ART in children, the paediatric population remains understudied in comparison with adults. It is widely recognized that there is insufficient data in key areas and increased efforts in bridging these knowledge gaps are needed to support evidence-based policies for paediatric populations.

The Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) was launched in 2012 with the support of a generous two-year unrestricted educational grant of USD 2.4 million from ViV Healthcare. Positioned as the flagship paediatric HIV research initiative of the IAS, CIPHER built on significant work undertaken by the IAS-Industry Liaison Forum (IAS-ILF) in promoting and accelerating HIV research relevant to women and children in resource-limited settings (RLS). CIPHER is guided by paediatric experts convened by the IAS.

In 2012-2013, CIPHER focused on two main goals; the first was promoting and investing in targeted research to address priority questions to optimize service delivery and clinical management of infants, children and adolescents in RLS. The second goal was convening stakeholders and establishing collaboration mechanisms to strengthen communication, knowledge transfer and exchange among paediatric HIV cohorts.

Laying the foundation for this, a comprehensive research agenda in paediatric HIV was developed in collaboration with key stakeholders and experts: Evidence for Action: A Needs Assessment of HIV Research Priorities for Paediatric Populations. CIPHER started promoting this agenda through a core programme of activities.

A competitive grant programme: In 2013 the CIPHER Grant Programme awarded USD 1 million to seven early-stage investigators for targeted research to optimize paediatric HIV care and treatment in RLS. The programme was designed to attract early-stage investigators to paediatric HIV research in order to cultivate a new generation of scientists dedicated to the field and foster innovative ideas and evidence-based approaches and interventions.

CIPHER Cohort Collaboration: CIPHER convened a Paediatric HIV Cohort Investigator Consultation in May 2013, in Venice, Italy, with the major paediatric HIV cohorts worldwide. Notably, this meeting resulted in agreement by the cohorts present to collaborate on data-sharing projects to address two identified research gaps: (1) the time first line treatments work for children before failing, and (2) adolescent epidemiology and transition to adult care. CIPHER provided a grant of USD 500,000 to the three data centres that will be handling the data collection and analysis for the collaboration. This is the first collaboration to include such a broad range of participating paediatric cohorts.

Online paediatric HIV cohort database: On World AIDS Day 2013, CIPHER launched an online, searchable paediatric HIV cohort database with an interactive map and complete cohort profiles to act as a forum and tool for researchers, funders and policy makers. The aim is for paediatric cohorts worldwide to register and contribute to the database. Currently, this online resource provides centralized information and contact details on paediatric cohorts, including data on overall numbers enrolled disaggregated by age, sex and route of transmission. Under development is an epidemiology tool function showing the current number of subjects enrolled in the cohorts. This forum will continue to expand with new ideas in 2014.

A special issue in the Journal of the International AIDS Society (JIAS), Perinatally HIV-infected Adolescents, was also produced. CIPHER will sponsor another Special Issue of JIAS in 2014. These activities have been received with much enthusiasm and support and CIPHER would like to thank the many paediatric HIV experts and stakeholders who have contributed their time and insight to help make the first two years of the initiative a success. With an additional commitment from ViV Healthcare for USD 800,000 in 2014, the IAS will continue the CIPHER core programme, while leveraging this funding to diversify the sponsor base for its paediatric priority and extend its activities in paediatric HIV to areas such as advocacy and implementation of programmes for scale-up of care and services.

On 27 November 2013, the International AIDS Society-Industry Liaison Forum (IAS-ILF) held the first of a series of thematic roundtables. On this occasion, participants from 13 antiretroviral (ARV) manufacturers and 12 international organizations were convened to identify ways to allow more engagement of industry with different stakeholders in addressing challenges specific to paediatric ARVs (e.g. formulations, regulatory approval and market fragmentation). The roundtable, “Paediatric antiretrovirals: The barriers to and solutions for improved access to optimal drugs in resource-limited settings”, highlighted industry’s willingness to address issues related to paediatric ARV development and production. The meeting report is available online here.
One year after reporting the case of the Mississippi baby, Deborah Persaud and colleagues detailed a second case of an HIV-infected newborn treated with combination antiretroviral therapy (ART) soon after birth, who appears to have cleared HIV from blood and resting CD4 cells.

Who can clear HIV?

The Mississippi baby began ART soon after birth, who appears to have cleared HIV from blood and resting CD4 cells.

Fast-evolving PrEP strategies

Two monkey studies demonstrated the potential of a monthly injected HIV integrase inhibitor in protecting against vaginal acquisition of HIV. One study involved six macaques who received three intramuscular injections of long-acting GSK1265744 (GSK744LA) four weeks apart at a dose that yielded plasma concentrations similar to those in humans receiving 400-mg injections. Six monkeys got placebo shots. All macaques given GSK744LA remained negative for HIV RNA and DNA through 22 vaginal challenges with simian HIV (SHIV), up to 12 weeks after the last GSK744LA dose. All six control animals became infected.

In another study eight macaques received the same intramuscular dose of GSK744LA four weeks apart and four macaques remained untreated. All four untreated monkeys became infected after a single vaginal SHIV challenge. Six of the eight GSK744LA-treated animals remained HIV-free through 24 weeks, after vaginal challenges at weeks One, five, and seven. The two GSK744LA-treated monkeys that became infected did so three and seven weeks after the last SHIV challenge. These monkeys had been pre-treated with two 30-mg doses of DepoProvera to thin the cervicovaginal epithelium. HPTN 077 will test injected GSK744LA as PrEP in women and men.

Antiretroviral-infused vaginal rings offer an alternative to injected or oral PrEP. A double-blind placebo-controlled trial randomized 48 HIV-negative women to a ring containing non-nucleoside dapivirine plus the CCR5 antagonist maraviroc, dapivirine alone, maraviroc alone, or placebo for 28 days. Dapivirine (but not always maraviroc) could be detected in blood, vaginal fluid and cervical tissue at different sampling times. Lab studies showed that the dapivirine/maraviroc ring or the dapivirine-only ring protected cervical tissue from HIV challenge and dapivirine levels correlated positively with protection against HIV. A phase three trial of the dapivirine ring is underway.

The only agent currently licensed for PrEP is co-formulated oral tenofovir/emtricitabine (TDF/FTC), based partly on results of the Partners PrEP trial, which randomized African men and women to TDF/FTC, TDF alone, or placebo. A follow-up report at CROI 2014 tracked study participants who continued solo TDF or TDF/FTC and initial placebo participants randomized to start TDF or TDF/FTC. In this phase of the trial HIV incidence measured 0.7 per 100 person-years in the TDF arm and 0.5 per 100 in the TDF/FTC arm, an insignificant difference. In comparison, HIV incidence in the original placebo arm measured 2.0 per 100.
ART thwarts transmission, prolongs survival

HPTN 052, a four-continent randomized trial, found that immediate ART cut HIV transmission risk 96% in 1,110 heterosexual partners compared with delayed ART. At CROI 2014, the observational PARTNER study found that HIV-positive partners in 1,110 heterosexual and gay European couples never transmitted HIV to their partner when they had a viral load below 200 copies/mL, even though they did not use condoms during the observation period.

HIV transmission risk within study couples during periods when the positive partner had an HIV load below 200 copies/mL and the couples did not use condoms was 0 for any sex act, 0 for anal sex, 0 for vaginal sex by men, 0 for receptive vaginal sex with ejaculation, 0 for insertive anal intercourse by men who have sex with men (MSM), 0 for receptive anal intercourse without ejaculation by MSM and 0 for receptive anal sex with ejaculation by MSM. Because years of follow-up differed for each of these sex acts, so did 95% confidence intervals (CI). The widest confidence interval (0 to four) involved receptive anal intercourse with ejaculation among MSM. The PARTNER team cautioned that “uncertainty over the upper limit of risk remains” and will be addressed in the 2014-2017 PARTNER 2 study.

Arrival of ART in rural Rakai, Uganda coincided with lower introduction of HIV into 4,570 initially HIV-discordant heterosexual couples. During annual study visits from 1997 through 2011, a partner in 135 couples became infected with HIV. Self-reporting sex outside the couple was 35% less available in Rakai, in 2004, new HIV infection in the couple 4.6 times. In the period after ART became available in Rakai, in 2004, new HIV infection in a previously negative couple became 35% less likely (adjusted hazard ratio 0.65, 95% CI 0.43 to 0.98), mostly because of a 46% lower risk in men (adjusted hazard ratio 0.54, 95% CI 0.35 to 0.83). The Rakai investigators noted that medical circumcision among non-Muslim men also contributed to their lower HIV acquisition risk.

A study of almost 100,000 adults living in a rural area of KwaZulu-Natal province, South Africa, found that ART scale-up led to a much larger gain in life expectancy among women than men, apparently because many fewer HIV-positive men sought HIV care. From 2000 through 2011, the study tracked deaths in 52,964 women and 45,688 men, including 3,729 HIV-related deaths in women and 3,500 in men. Adult life expectancy soared during the study period by about seven years in HIV-positive men and ten years in HIV-positive women. But the gap in life expectancy between HIV-positive women and men doubled from about four years in 2004, when ART scale-up began, to nearly nine years in 2011. In 2011, 40% of women who died of HIV infection never sought HIV care, compared with 70% of men. Statistical analysis determined that HIV-positive women who needed ART had more than a doubled chance of starting than men (adjusted odds ratio 2.4, 95% CI 1.4 to 4.3) and this difference between women and men did not vary substantially by pregnancy status. The researchers speculated that the difference between women and men starting ART may reflect a bias among the primarily female nurses who initiate ART or cultural factors that make it less acceptable for men than women to seek care.

References

The IAS Governing Council in Paris for the annual retreat © IAS

Report from the 2013 IAS Governing Council Retreat

IAS President, Professor Françoise Barré-Sinoussi, convened the 10th Annual IAS Governing Council (GC) Retreat in her home town of Paris, France on 4–6 December 2013.

The IAS GC members met at the Institut Pasteur where they looked at the IAS’s recent successes and challenges, discussed about the future of the IAS and the strategic direction of the organization and talked about upcoming IAS-convened conferences. The agenda also included key discussions about priorities in Advocacy and Research Promotion for the coming year, as well as discussions and approvals of the IAS’s 2014 budget, along with the budgets for upcoming conferences.

IAS Advocacy and Research Promotion Priorities

During the three days of the retreat, the IAS GC had the opportunity to discuss the IAS Policy and Advocacy Priorities from previous years. Taking into consideration the existing and potential synergies between IAS Policy and Advocacy and IAS Research Promotion, it was decided to merge the two into a joint IAS Advocacy and Research Promotion Department, with the following main priorities for 2014:
- Towards an HIV Cure
- Key Affected Populations (KAPs)
- Paediatric HIV

Efficiency and Effectiveness in National AIDS Programmes (E2) will remain a priority until the end of July 2014. Other previous IAS Policy and Advocacy Priorities - Treatment as Prevention (TasP), HIV and Human Rights and Social and Political Research - will be incorporated across the main priorities, with the work of Advisory Groups and Working Groups included in the overall strategy of the new department. A new working group of IAS GC members was also formed to further investigate how the IAS could work more with Hepatitis C and other co-morbidities.

The New ILF

The IAS GC also spent time discussing a proposal that had been developed by the International AIDS Society-Industry Liaison Forum (IAS-ILF) Advisory Group, to improve opportunities to strengthen collaborative, mutually beneficial relationships between industry, the IAS and other stakeholders and consequently broaden the scope and impact beyond the current IAS-ILF.

It was decided that the priorities of the IAS-ILF will be the same as the IAS priorities for Advocacy and Research Promotion, providing a space for industry and non-industry stakeholders to participate in and contribute to IAS programmes. The IAS-ILF Advisory Group will continue working on the concept and an implementation plan during the first half of 2014.

Conferences

During the retreat, the IAS GC selected Paris as the host city for the 9th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2017) and agreed on a shortlist of potential host cities for the 22nd International AIDS Conference (AIDS 2018). They also discussed plans and progress for the upcoming 20th International AIDS Conference (AIDS 2014) in Melbourne. This conference will have a number of new virtual features in addition to the conference app, e.g. a YouTube channel, and an online support wall. The IAS GC Working Group on Conferences - which has been assigned to think creatively about future conferences - reported back from its previous discussions. The working group will liaise closely with the newly formed group that will be looking at HIV and co-morbidities, to explore possibilities to widen the scope of the IAS Conference on HIV Pathogenesis, Treatment and Prevention to include hepatitis C, tuberculosis and other non-HIV-specific topics.
Goverance and Membership

After discussions with the IAS Governance and Membership Subcommittee and the IAS Executive Committee, the IAS GC decided to increase the IAS membership fees as of 1 January 2014. The fees for IAS members in high-income countries had remained at the same level since 2006 and the membership fees in middle/low-income countries had not been increased since the early days of the IAS.

Relation Building and Resource Development

The fundraising strategies and funding targets for 2014 were carefully examined by the IAS GC during the retreat. The Fundraising Department will work closely with both the Advocacy and Research Promotion, IAS and the New ILF and Conference departments to deliver strong business plans to raise funds for 2014 and beyond.

Professor Barré-Sinoussi thanked the IAS GC members for their strong contributions during the meetings and acknowledged the hard work done by all IAS staff present at the retreat and those in Geneva. She also thanked Anton Pozniak for his work as IAS Treasurer and Chris Beyrer, who will be taking over the presidency of the IAS on 25 July 2014, at the closing ceremony of AIDS 2014 in Melbourne.
Andrew Grulich, MBBS, PhD, is a Public Health Physician and Head of the HIV Epidemiology and Prevention Program at the Kirby Institute, UNSW, in Sydney, Australia, where he leads a group of researchers who investigate the transmission and prevention of HIV and sexually transmissible infections, predominantly in homosexual men.

Professor Grulich has more than 20 years’ experience working at high levels in the public health response to HIV. In addition to his scientific role, he was President of the Australasian Society for HIV Medicine in 2001–2003 and was Chair of the New South Wales Health Department’s committee overseeing HIV prevention in 2001–13. Prof. Grulich has been a member of the Australian Health Minister’s advisory committee on HIV since 2000 and was a member of the board of the AIDS Council of New South Wales in 1997–2000. In 2012, he chaired state and federal expert technical advisory groups which were tasked with providing evidence-based strategic advice on HIV prevention in homosexual men. His group’s work focuses on two areas of critical relevance to the current moment in the HIV epidemic. Firstly, I work on HIV prevention in homosexual men. My group’s work in this area covers the spectrum of biomedical and behavioural prevention, including work on the efficacy of treatment as prevention for prevention of HIV transmission by anal sex; a pre-exposure prophylaxis demonstration project; the roll-out of rapid and home-based HIV testing and the manner in which HIV risk behaviour intersects with each of these biomedical technologies. My second research area is on HIV-related cancer, an important cause of morbidity in people living long term with HIV. We are investigating the design of potential future anal cancer screening projects in homosexual men. Homosexual men are greatly over-represented in the HIV epidemic globally and this is particularly the case in the extremely diverse epidemics driven by key populations in the Asia-Pacific region.

Q:  Professor Grulich, how do you see your role as an IAS Governing Council (GC) member in Asia and the Pacific Islands and how does the focus of your current work influence your work on the IAS GC?

As a GC member, I believe it is my role to bring the concerns of individual members and of my region, to the attention of the IAS GC and thus to influence the IAS’s strategic directions. As a public health scientist working in HIV, my current work focuses on two areas of critical relevance to the current moment in the HIV epidemic. Firstly, I work on HIV prevention in homosexual men. My group’s work in this area covers the spectrum of biomedical and behavioural prevention, including work on the efficacy of treatment as prevention for prevention of HIV transmission by anal sex; a pre-exposure prophylaxis demonstration project; the roll-out of rapid and home-based HIV testing and the manner in which HIV risk behaviour intersects with each of these biomedical technologies. My second research area is on HIV-related cancer, an important cause of morbidity in people living long term with HIV. We are investigating the design of potential future anal cancer screening projects in homosexual men. Homosexual men are greatly over-represented in the HIV epidemic globally and this is particularly the case in the extremely diverse epidemics driven by key populations in the Asia-Pacific region.

Q:  What do you think the impact of holding the 20th International AIDS Conference (AIDS 2014) in Melbourne will be on Australia and on the Asia-Pacific region?

Bringing the world’s largest HIV conference to Australia has already energized the HIV response in Australia. Despite Australia’s success in controlling the epidemic, in recent years there have been very substantial increases in HIV transmission and a degree of complacency has crept in. Hosting AIDS 2014 in Australia has galvanized our response. Within the last year we have approved rapid HIV tests for use in clinical and community-based settings, commenced trials of home-based testing for HIV and made government-subsidised HIV therapies available regardless of CD4 count. State and Federal governments have committed to highly ambitious new goals of reductions in HIV transmissions. Regionally, the conference will highlight the increasing epidemics driven by Key Affected Populations as well as extraordinarily diverse epidemics across Asia and the Pacific and shine a light on the need for increased financing of the response.

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

Being based in Geneva, the IAS can feel like a far flung organization to many people working in the field. The IAS website and newsletters are a good way of developing the global community of people working in the HIV response. Members should use their regional representatives to raise issues of importance to the global and regional responses to HIV.

Q:  Why would you advise someone to become a member of the IAS?

The IAS is the international organization for people working in the HIV response. It is multidisciplinary and has a place for people committed to HIV from all walks of life. Joining the IAS is a great way to work with national and international colleagues working in your field and to put you in contact with like-minded people.