A HISTORY OF THE INTERNATIONAL AIDS SOCIETY

April 1985, Atlanta – 1st International AIDS Conference (AIDS 1985) 2,000 participants. The conference is organized by the WHO, the US Department of Health and Human Services and major research institutes; it is led by American and European scientists and public health officials.

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

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


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

The International AIDS Society was founded in conjunction with the AIDS 1988 conference, to be the agency responsible for the planning of the conferences.

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

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

Theme: A World United Against AIDS - 8,000 participants. The conference is organized in just one year following its relocation from Boston to Amsterdam to protest against the US Government travel ban against people living with HIV. The focus of the conference is on human rights as a public health imperative.

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

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

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

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

Theme: Breaking the Silence - 12,000 participants. This conference is enormously important in building momentum to change the approach to global public health. It is the first AIDS conference in a developing country, more importantly in a country with the highest HIV-prevalence rates in the world. The theme focuses on the staggering impact of the epidemic is sub-Saharan Africa and on the inequity in treatment access between the developed and the developing world.

South African President Thabo Mbeki declares he doubts AIDS occurred in South Africa and that, if so, it is caused not by HIV but by poverty. He also declares AIDS symptoms are side effects of ART produced by Western pharmaceutical companies. The minister of Health shares the same ideas and forbids the use of antiretrovirals to prevent mother-to-child transmission.
These declarations prompt 5,000 scientists from around the world to publish the “Durban Declaration” confirming the overwhelming scientific evidence about the etiology of AIDS. The Durban conference proves to be a unique opportunity to address both treatment inequity and denialism. During the closing ceremony Nelson Mandela speaks against the irresponsibility of the South African government on AIDS.

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


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

The first IAS conference, chaired by Pedro Cahn, took place in Buenos Aires and attracted about 3,300 participants, including more than 600 participants supported by the conference’s scholarship programme. The conference focused on a better understanding of the mechanisms of HIV disease and new strategies to enhance the current therapeutic approaches promoting the concept of "translational research: from basic to clinical science.”

**2001, Industry Liaison Forum (ILF)**

Launched in 2001, the Industry Liaison Forum (ILF) is an initiative of the IAS to accelerate scientifically promising, ethical HIV research in resource-limited countries with a particular focus on the role and responsibilities of industry as sponsors and supporters of research. The ILF is led by an advisory group of senior clinicians and public health experts from both industry and academia.


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


5000 participants. The success of the IAS 2001 conference provided the foundation for the 2003 conference in Paris. Research presented covered topics such as complications of antiretroviral therapy, preventing mother-to-child HIV transmission and HIV drug resistance.

**July 2004, Bangkok – XV International AIDS Conference (AIDS 2004).**

*Theme: Access for All* - 18,500 participants. The conference theme reflects the goal of universal access to HIV prevention, care and treatment interventions and the growth in political attention and resources since Durban. Thailand is chosen partly for the high presence of PLHIV in the country and because the country has achieved significant reductions in HIV incidence.

Although Thailand registered a wide success, the “war on drugs” began by the Thai government was a big failure with 2,000 deaths and arrests. By hosting the conference there the organizers hope to highlight
Thailand’s success while bringing global attention to the downside of criminal justice versus public health approach to injecting drug use.

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

The IAS and partners also pilot the first **Global Village** and the **Youth Programme**. The **Global village** is open to the general public and works as a bridge between local communities and researchers, health professionals, leaders and community representatives taking part in the formal conference proceedings. The **Youth Programme** is an opportunity for thousands of young people from around the world to discuss the response to the epidemic and to generate new ideas for treatment, prevention and human rights issues.

JIAS was founded by the International AIDS Society and is an indexed, peer-reviewed scientific journal that provides a platform to disseminate essential HIV research with the mission to contribute to an evidence-based response to the HIV epidemic and to support research capacity building in resource-limited settings. Illustrating its role as a valued resource, JIAS has a wide readership with an average of 7,500 readers each month in 2011. JIAS published 59 articles with an acceptance rate around 25%. Nearly 45% of published articles were submitted by researchers from low- and middle-income countries.

5,500 participants. A new component on biomedical prevention science was added to the programme in recognition of a research field growing rapidly in size and importance. The prevention science component became a permanent feature of the conference and to reflect this, the conference was renamed the IAS Conference on HIV Pathogenesis, Treatment and Prevention. This conference marked an important advance by featuring a high proportion of abstracts form low- and middle-income countries.

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

6,600 participants. The aim of the conference’s scientific programme was: ‘To provide new insights into HIV disease development, prevention and care that can lead to novel research directions, help advance translational research, and move theoretical advances into clinical practice and prevention programmes’. At the time of the organization of the Sydney conference, billions of dollars in new financing for AIDS were being allocated to low- and middle-income countries through multilateral, bilateral and private foundation programmes; treatment coverage alone had risen from 400,000 in 2003 to more than 2 million by the end of 2006, or 28% of those in need. With scale-up came new challenges, including concerns that HIV programmes were not well coordinated, these concerns resulted in the Sydney Declaration.

**July 2007, Sydney Declaration**
The Sydney Declaration was issued by the organizers of IAS 2007 in The Lancet. The declaration drew attention to the need for operations research to guide scale-up efforts, calling for donors to allocate 10% of all HIV resources to research. The intent was to call attention to the urgent need for research to answer
pressing questions about what works and what does not in what has been described as the greatest public health experiment in the world – the rapid scale-up of ARV therapy throughout the world. The declaration noted that “good research drives good policy”, and was quickly endorsed by the World Bank and other global institutions.

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

July, 2009, Cape Town, 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2009)  
6,800 participants. IAS 2009 is the first IAS Conference on HIV Pathogenesis, Treatment and Prevention to be held in Africa. The conference provided an overview of several new insights into the potential role of antiretroviral therapy to prevent HIV transmission as well as presenting evidence of treatment as prevention.

July 2009, IAS NIDA Fellowship on Drug Use and HIV  
With the support of the National Institute on Drug Abuse (NIDA), the International AIDS Society (IAS) has established a research fellowship programme focusing on HIV and drug use, with the goal of contributing to advances in the scientific understanding of drug use and HIV, while fostering international collaborative research on HIV and drug use.

2010, Consensus statement - *Asking the Right Questions: Advancing an HIV Research Agenda for Women and Children*  
The IAS and 15 other leading public and private sector organizations release a comprehensive new research agenda designed to significantly advance global responses to HIV in women and children, the statement includes 20 specific recommendations to expand and improve responses to the HIV-related challenges facing women and children worldwide.

June 2010 – The Vienna Declaration  
an international call for Drug Policy based on science, not ideology, is published ahead of AIDS 2010. By the end of the conference the declaration is signed by 12,725 individuals. In conjunction with AIDS 2012, The Lancet launched a special edition entitled “HIV in people who use drugs”.

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

The IAS organized a high level basic science workshop in advance of the conference, chaired by 2008 Nobel Laureate for Medicine and the current IAS President Françoise Barré-Sinoussi. The workshop focused on the topic of HIV reservoirs and strategies to control them and was followed by translational sessions at AIDS 2010 that reported back on the discussions held at the workshop.

2010 - Creative and Novel Ideas in HIV Research (CNIHR)  
The NIH Office of AIDS Research, in cooperation with the IAS and CFAR created a grant programme for innovative research projects. The intent of this programme is to attract both international and U.S.-based young, early stage investigators from inside and outside the field of HIV research without prior experience in HIV cure research to help address questions in research leading toward a cure for HIV.
July 2011, Rome – 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011)
7,500 participants from 142 countries attended the largest IAS conference to date. After years of debate that considered HIV treatment as separate from HIV prevention, the results of four milestone trials presented at the conference demonstrated without any doubt that treatment with antiretrovirals is prevention: The HPTN 052 randomized trial enrolled HIV-discordant couples and showed that HIV transmission can be reduced by up to 96% if the HIV-positive person starts antiretroviral treatment early.

Also, three different trials on pre-exposure prophylaxis (PrEP) showed that the daily intake of one or two ARV drugs reduced the risk of HIV transmission by 70% to 90%.

July 2011, Rome – Rome Statement for an HIV Cure
Given the re-emergence of interest and optimism in prospects for an HIV cure, the ‘Rome Statement for an HIV Cure’ was launched in conjunction with IAS 2011 as a call for accelerating research into an HIV cure.

Theme: Turning the Tide Together – some 24,000 participants. The return of the IAC in the U.S. after 22 years of absence represents a victory for public health and human rights advocates who helped lifting the U.S. government ban for HIV-positive travelers from entering the country. The theme emphasizes that we have reached a pivotal moment in time and that seizing this potential and actually turning the tide on HIV and AIDS will require commitment and action on many levels.

Formal launch of the strategy at a scientific symposium in Washington DC prior to AIDS 2012. The strategy was aimed at building a global consensus on the state of the HIV reservoirs research and defining scientific priorities that need to be addressed by future research to tackle HIV persistence in patients undergoing antiretroviral therapy.

September 2012– The Collaborative Initiative for Paediatric HIV Education and Research (CIPHER)
The CIPHER initiative launched with the aim of answering outstanding clinical and operational research questions needed to optimize clinical management and delivery of HIV services for infants, children and adolescents. Through an unrestricted grant from the ViiV Healthcare UK Paediatric Innovation Seed Fund, the IAS has an opportunity to build on its proven track record in promoting paediatric HIV research.