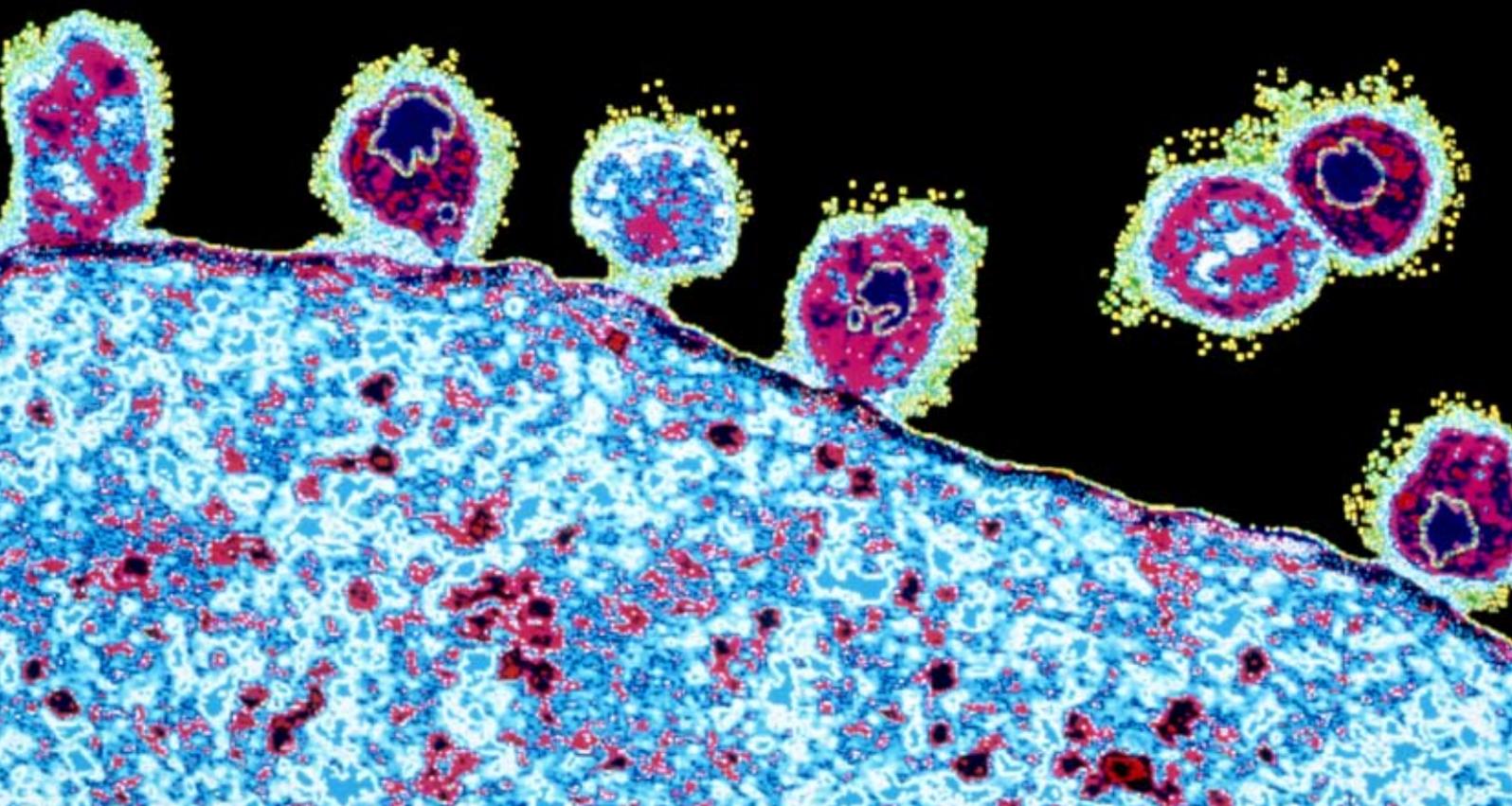




The International AIDS Society (IAS) is a global membership organization of professionals committed to the fight against HIV/AIDS. The IAS Newsletter is a tool for the organization's diverse members to find out more about past, ongoing and future activities at the IAS and to learn how to become involved. For more information about the IAS, to search for and contact other members, or to find breaking news in HIV/AIDS prevention, care and treatment, and updates on upcoming IAS conferences, please visit the website at www.iasociety.org

Image: HIV daughter cells bud off the surface of a T-Cell



AIDS Denialists

This edition's feature article examines the global impact of AIDS denialism [page 4-5](#)

Message from the President [page 2](#)

Recent Public Statements from the IAS [page 2-3](#)

Message from the Executive Director [page 3](#)

The AIDS Denialists are Still Around [page 4-5](#)

The XVI International AIDS Conference: Will it Have a Legacy? [page 6](#)

IAS 2007: Narrowing the Gap Between Science and Practice [page 7](#)

Education Activities at IAS 2007 [page 7](#)

AIDS 2008 Conference Coordinating Committee Members [page 7](#)

Governing Council Approves Policy and Advocacy Framework [page 8](#)

Initiatives Update [page 9](#)

Letter of Intent Signed for FORO 2007 [page 10](#)

IAS Adopts Regional Development Strategy [page 10](#)

The IAS Talks With Dr. Hector Perez [page 11](#)

IAS Member Map [page 12](#)

Download Free HIV/AIDS Slides and Images [page 12](#)



From the President

TWO THOUSAND AND seven promises to be another landmark year for the IAS as we expand our work in three key strategic areas addressed at the November 2006 Governing Council (GC) retreat: policy and advocacy, regional development, and education and training are all areas that will have increased staffing capacity and direction, based on the guidance from the GC and our Strategic Framework. Our members may have noticed that the IAS profile on international AIDS advocacy has already increased, with a series of position statements immediately prior to the holiday break on breaking stories related to AIDS. And of course we will be seeking input from our membership over 2007 on key policy and advocacy issues.

IN THIS ISSUE of the IAS newsletter, you will find an article on the continued damage being done to our efforts to implement effective prevention, care and treatment programmes by those who, despite all evidence to the contrary, continue to deny that HIV is the cause of AIDS. These “HIV denialists”, as the article by Mark Wainberg, Joanne Bergman and John Moore make clear, have caused untold damage and death, particularly in the developing world, through their concerted disinformation campaign. I believe that the IAS, as an organization which supports an evidence-based approach to HIV/AIDS, has a unique responsibility to challenge the unconscionable messages promulgated by this small but determined group. I hope you will read this article and pass it on to friends and colleagues.

IAS' PROFILE AT the regional level continues to increase, and IAS staff and GC members are working closely to support regional meetings, such as the International Conference on AIDS in Asia and the Pacific (ICAAP). Our efforts are intended to strengthen the IAS' engagement in and support for regional capacity-building, to offer technical and logistical support to the regional conference organizers, as

well as better integrate the research, best practices and lessons learned presented at these meetings with the International AIDS Conference.

FINALLY, OUR EDUCATION and training initiatives are also expanding and, in partnership with the Australasian Society for HIV Medicine (ASHM), we are delivering a pilot education programme for young investigators in basic, clinical and biomedical prevention science immediately prior to the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS2007) being held 22 – 25 July in Sydney.

REGARDING THE NEXT IAS Conference on Pathogenesis, Treatment and Biomedical Prevention, I am confident that we are building a program containing the highest level of scientific information in the field.

WE LOOK FORWARD to seeing you in Sydney. ■

Pedro Cahn
IAS President

Recent Public Statements from the IAS

Microbicide Trials Halted

THE IAS ACKNOWLEDGES the February 2007 announcement that two Phase III trials of Ushercell (a cellulose sulfate based topical gel being testing for HIV prevention in women) have been halted due to preliminary results at some sites indicating potential increased risk for HIV among women who use the compound. The findings of increased risk were identified at some sites in a trial sponsored by CONRAD, a cooperating agency of USAID administered through the Department of Obstetrics and Gynecology at Eastern Virginia Medical School in the United States. The CONRAD trial was being conducted in South Africa, Benin, Uganda and India. While emphasizing the urgent need for the timely development of an effective microbicide to protect women from HIV infection, the IAS also recognizes the utmost importance of safety, and applauds the decision to halt the studies to evaluate the preliminary findings.

FAMILY HEALTH INTERNATIONAL, sponsor of the second halted trial in Nigeria, had not found similar results but halted the trial as a precautionary measure, given the preliminary results in the CONRAD trial. At this point, it is not clear why the use of cel-

lulose sulfate was associated with increased risk for HIV infection among women in the CONRAD-sponsored trial. Earlier trials of the same compound involving 500 participants did not indicate safety concerns.

“WHILE EXTREMELY DISAPPOINTING, this setback is also an opportunity to learn why some women who used Ushercell were found to be at increased risk of HIV infection,” said Dr. Pedro Cahn, President of the IAS and Director of Fundación Huésped in Buenos Aires, Argentina. “This will strengthen future microbicide research and increase our overall knowledge of how such compounds work.”

“THE IMPORTANCE OF developing a safe and effective microbicide to protect women from HIV infection cannot be understated,” said Dr. Cahn. “We must give women the tools to protect themselves, independent of their partners' actions.”

THE HALTED TRIALS were two of six Phase III microbicide trials underway at the start of 2007. Four additional Phase III trials of other candidates are ongoing.

FURTHER DATA ON microbicides and other biomedical prevention tools will be discussed during the upcoming 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention in Sydney.

Open Letter to the Libyan Secretary of Justice Calling for Release of Health-Care Workers

Dear Secretary Ali Umar al-Hasnawi

THE INTERNATIONAL AIDS Society (IAS) is the world's leading association of professionals working in HIV/AIDS, with over 10,000 members in 171 countries. We are writing to you to express our shock and dismay at the guilty verdict and subsequent death sentences imposed on five Bulgarian nurses and a Palestinian doctor in relation to the spread of HIV at Benghazi Hospital.

IT IS ALLEGED that these health workers deliberately spread HIV amongst 426 children in the hospital, and caused the subsequent death of 52 of these children. While we are certainly not indifferent to the tragedy of the deaths, and extend our condolences to the families of the children, we are outraged that the blame for these infections and deaths has been placed at the feet of the health-care workers.

EVIDENCE HAS CONFIRMED that the doctor and nurses are not responsible for the spread of HIV at Benghazi Hospital. Both Luc Montagnier, the co-discoverer of HIV, and Vittorio Colizzi of Rome University have testified that the HIV infections pre-dated the defendants' arrival at the hospital. In addition, a study of the children's blood con-



Message from the Executive Director

THE SECRETARIAT IS charging ahead with the implementation of our workplan for 2007. We are pleased to have exceeded our targets for 2006 in “Stronger Together – IAS Strategic Framework 2005-2009”. AIDS 2006 in Toronto demonstrated the significant strides that have been made over the past two years towards permanent capacity and expertise in the Secretariat to deliver on our goals.

FOLLOWING DECISIONS MADE at the annual retreat of the IAS Governing Council in November 2006, the Secretariat has expanded in a few key areas. The following individuals have joined: George Valiotis – Education

Coordinator, Nicolas Faurès – Webmaster, Olivia Mettler – Senior Accountant, Isabel Gonzalez – Conference Programme Project Officer and Pattharaporn Meinich – Junior Administration Assistant. Christian Öborg has changed position within the organization – his new post is Senior Manager – Quality Assurance and Business Integration. Florin Costea is now Team Leader for the IT Department. In addition, the first local staff for AIDS 2008 Mexico are in place: Luz Alcocer – Local Conference Project Coordinator, and Katja Suarez – Local Conference Logistics Officer. And finally, the IAS wishes a warm farewell to Olivia Dunlop, our former Senior Accountant.

ON THE GOVERNING Council, the IAS bids goodbye to Dr. Jaap Goudsmit of the Netherlands and thanks him for his six years of service. Replacing him until the end of his term in 2008 is Dr. Andrzej Horban of Poland. We welcome Dr. Horban back to the Council and thank him for stepping in temporarily to fill this vacancy.

FINALLY, THE IAS Governing Council and Secretariat are thrilled to congratulate Professor Michel Kazatchkine, European Governing Council member, on his recent appointment as Executive Director of the Global Fund to

Fight AIDS, TB and Malaria. ■

Craig McClure
IAS Executive Director



ducted by Oxford University has shown that the sub-type of HIV involved was present in the blood of patients long before the arrival of the defendants.

BY DISREGARDING OR not reviewing this testimony from the world’s leading HIV scientists, the Libyan justice system has failed to deliver a fair trial. We therefore request the immediate and unconditional release of the Palestinian doctor and Bulgarian nurses convicted of this crime.

Sincerely,

Dr. Pedro Cahn, President, International AIDS Society
Craig McClure, Executive Director, International AIDS Society

Male Circumcision

THE INTERNATIONAL AIDS Society (IAS) today hailed the results of two National Institutes of Health clinical trials in Kenya and Uganda, which demonstrate that adult male circumcision could effectively halve the risk of HIV infection among men. As the world’s leading independent association of HIV professionals, the IAS urged careful, yet rapid implementation of this new prevention tool, particularly in countries with high HIV prevalence.

“WHEN PERFORMED SAFELY, adult male circumcision represents a powerful tool in

a comprehensive strategy to prevent new HIV infections worldwide,” said Dr. Pedro Cahn, President of the IAS and Director of Fundación Huésped in Buenos Aires, Argentina. “The NIH study confirms earlier research announced in 2005 in Rio de Janeiro, and marks a significant milestone in global HIV prevention efforts.”

THE EARLIER study (Auvert et al), announced at the 3rd IAS Conference on HIV Pathogenesis and Treatment in Rio de Janeiro, showed a 60 percent reduction in female-to-male transmission among trial participants. The study was conducted in South Africa by French and South African researchers and was supported by the French Agence Nationale de Recherches sur le SIDA (ANRS).

TOGETHER, THESE THREE studies provide conclusive evidence of the effectiveness of male circumcision, particularly for men in countries with high HIV prevalence.

“MALE CIRCUMCISION REPRESENTS the most significant new prevention tool available. However, it is no panacea,” said IAS Executive Director Craig McClure. “The studies did not address men’s risk of infection through anal sex, and circumcision does not eliminate the need for continued condom use and related behavioral change. While doing everything we can to implement this new strategy, we must do so responsibly,

given these significant caveats,” McClure added.

THE IAS URGED the development of international guidelines that underscore the fact that male circumcision is a surgical procedure that must be performed safely, in a sterile, clinical environment, with opportunities for medical follow up.

MOREOVER, THE STUDIES in Kenya and Uganda focused on the risk of female-to-male transmission, and do not address whether the female sexual partners of circumcised men are also protected. A separate clinical trial, led by researchers at the Johns Hopkins University, is evaluating the effect of male circumcision on women’s risk of infection. Results of that study are expected in 2007.

“AS IMPORTANT A finding as this is, we cannot lose sight of equally important goals on the horizon, including the development of a female-controlled HIV prevention method such as a microbicide,” said Dr. Cahn. “Microbicides, pre-exposure prophylaxis (PREP) and vaccines are additional tools that, if effective, will help put prevention in the hands of women themselves. In addition, universal access to ARV treatment for people living with HIV/AIDS who need it may also prove to have a beneficial impact on prevention at a population level.” ■

The AIDS Denialists are Still Around

By John P. Moore, Jeanne Bergman and Mark A. Wainberg¹

When AIDS denialists are mentioned to HIV professionals, a common response is the question, "Are these people still around?" Unfortunately, they are indeed still active. Their insistence that HIV either does not exist, or that it is a real but harmless passenger virus, continues to confuse and kill. This is particularly true in South Africa where, since 1999, President Mbeki has taken the AIDS denialists all too seriously.^{2,3}

THE RESULTING SCIENTIFICALLY flawed policies of the Mbeki administration, including resistance to scaling up the provision of antiretroviral treatment, cost South Africa an uncountable number of HIV infections and deaths during the explosive expansion of the epidemic there in the 1990s and in the first years of the 21st century. Using the 2003 model developed by the South Africa Actuarial Society, HIV prevalence within the adult population is now estimated to be almost 20%. Recently, AIDS activists and scientists, led by the Treatment Action Campaign (TAC), scored a major victory over the beetroot, garlic and lemon juice quackery promoted by South African Health Minister Manto Tshabalala-Msimang. Improved access to antiretroviral drugs (ARVs) to the many South Africans who need them now seems finally to be happening, thanks in no small part to the courageous position taken by the Deputy Health Minister, Nozizwe Madlala-Routledge, who has led the policy shift on HIV in the South African government.⁴

THIS IS AN important success, but it will not cause the AIDS denialists to disappear overnight. Their activities are largely, but not exclusively, conducted over the internet on websites that thrive on medical conspiracy theories. The manifest nonsense of what



is perpetrated in cyberspace on sites like these is obvious to HIV professionals, but can be highly misleading to the general public, particularly those who are gullible or desperate.

THE REAL-WORLD IMPACT of the arguments made by AIDS denialists is exemplified by an ongoing legal case in Australia. A man convicted for knowingly exposing two women to HIV and infecting one of them is defending himself in the sentencing phase using two classic denialist claims: that HIV does not exist and, even if it were a real virus, it cannot be transmitted heterosexually. The denialist position is represented in court by Valendar Turner and Eleni Papadopoulos-Eleopoulos, staff members of the Royal Perth Hospital who have never worked on HIV themselves.^{5,6} Leading Australian HIV scientists have devoted significant time and effort to the trial, acting as expert witnesses. The participation of AIDS scientists is necessary to debunk denialist misinformation in a highly visible venue, irrespective of whether one believes in the merits of imprisonment for sexual behavior such as the defendant's. A similar criminal case is now pending in Canada. There now needs to be international coordination to prevent further waste of professional resources on scientifically unfounded claims.

ANOTHER HIGH-PROFILE EVENT will take place in Los Angeles later this year. The Medical Board of California filed an accusation of medical neglect against Dr. Paul Fleiss because his inaction led to the death

of a three-year old girl from AIDS. The Attorney General's Office will bring the charges before an Administrative Law Judge later this year. The child's HIV-positive mother, Christine Maggiore, a very active denialist,⁷ proselytizes in *Mothering Magazine* and via the internet against the prophylactic use of ARVs by HIV-positive pregnant women, and in favor of breastfeeding.⁸

MAGGIORE HERSELF TOOK no precautions against perinatal transmission and would not allow her daughter to be tested for HIV even when she was desperately ill – all because she refuses to accept that HIV is a potentially lethal virus. The child, tragically, did not live long enough to be able to formulate her own opinions. The cause of death, according to a September 15, 2005 report by the Los Angeles County Coroner, was AIDS-related pneumonia.⁹ Justice should prevail, but there is always a concern when complex medical and scientific issues about HIV and AIDS are evaluated and applied by laypeople. Substantial media coverage of this trial must be anticipated. The ensuing publicity will increase the likelihood that yet more people will suffer real consequences by acting on misinformation spread by the AIDS denialists.

ROBERTO GIRALDO, ONE of Maggiore's advisors and a research technician at the New York Presbyterian Hospital, appeared

¹ John Moore is faculty at the Weill Medical College of Cornell University, New York, USA. Jeanne Bergman works at Health GAP (Global Access Project), New York, USA, and Mark Wainberg is faculty at McGill University, Montreal, Canada.

² Heywood, Mark. The Price of Denial. INTERFUND. 2005.

³ Nattras, Nicoli. AIDS, Science and Government: The Battle Over Antiretroviral Therapy in Post-Apartheid South Africa. University of Cape Town. 9 March 2006.

⁴ Koenig, Robert. South Africa Bolsters HIV/AIDS Plan, but Obstacles Remain. Science Vol. 314 No. 5804, pp. 1378-1378. December 2006.

⁵ Bernard, Edwin J. Australian prosecutions for HIV transmission highlight need for current UK consultations, deadlines approach. AIDSMap News. 31 October 2006.

⁶ Based on information from the legal team involved in the Australian criminal case.

⁷ Maggiore, C. What if Everything You Knew About AIDS was Wrong? American Foundation for AIDS Alternatives, revised 2000.

⁸ Gerhard, S. Safe and Sound Underground: HIV-Positive Women Birthing Outside the System. Mothering No. 108, September/October 2001.

⁹ Ornstein, Charles and Costello, Daniel. A Mother's Denial, a Daughter's Death. LA Times. September 24, 2005.

in a documentary film that aired in Latin America last year. In it, he encouraged HIV-infected people to stop taking ARVs and instead follow his advice on “better nutrition” as an AIDS remedy. Mexican community advocates have reported that, since it has aired, over 150 people living with HIV in Mexico City, misled by this documentary’s misinformation, have discontinued their antiretroviral treatment, a step which will seriously impair their health if prolonged. Giraldo previously influenced Manto Tshabalala-Msimang’s promotion of “natural remedies” for AIDS in South Africa; the AIDS denialists are all inter-connected, and they operate globally.

THE LINKS BETWEEN AIDS denialism and the alternative medicine industry add yet another twist to the story. Matthias Rath is a multi-millionaire businessman whose efforts to promote the sales of his company’s micronutrient-based AIDS remedies in South Africa are the subject of a recent exposé in *The New Yorker* by Michael Specter. David Rasnick, an AIDS denialist, was employed by Rath to help conduct illegal “clinical trials” of these micronutrients, the results of which were published in a full-page, very expensive advertisement in *The New York Times*¹⁰. Similar advertisements in the South African press, urging South Africans with HIV to reject antiviral medications, are no longer permitted as a result of rulings by the Advertising Standards Authority of South Africa (ASASA).¹¹ Rasnick repeatedly misrepresented himself in the South African press as having a formal affiliation at the University of California, Berkeley; although his eccentric views on HIV/AIDS are similar to those of that university’s Professor Peter Duesberg, Rasnick himself has no status there.¹²

ANOTHER AIDS DENIALIST with close links to Rath is Anthony Brink, who in January 2007 filed a bizarre complaint of genocide against TAC’s founder and current Chair, Zackie Achmat, in the International Criminal Court in The Hague. The indictment alleges that Achmat has poisoned South Africans with ARVs and demands that Achmat be incarcerated, strapped blind-folded to a gurney and forcibly injected with AZT and similar drugs. No doubt the successes of TAC in helping put South African AIDS policies on a rational basis have irked Brink and his fellow AIDS denialists.¹³

IN NEW YORK City, public policy may soon be changed to exclude children from clinical trials, as a direct result of AIDS denialism. Three years ago, a freelance journalist, Liam Scheff, claimed that foster children with AIDS in a New York City specialized care facility were being abused as experimental guinea pigs and poisoned with ARVs. In fact, the children were participating in National Institutes of Health PACTG (Paediatric AIDS Clinical Trials Group) clinical trials coordinated by Columbia University Medical Center. The trials were designed to determine the most effective paediatric dosages of drugs already approved for adults with HIV but not available to children. The medications tested included antiretrovirals, immune system stimulators, drugs to prevent the opportunistic infections that can kill immune-compromised children (such as chicken pox) and it also tested interventions to prevent postnatal seroconversion in HIV-exposed infants. Children were enrolled with the consent of parents or guardians and under the oversight of New York City’s Administration of Children’s Services. Many of these children were African-American, leading to allegations of Tuskegee-style experimentation that prompted local community politicians to become involved without knowing the facts or understanding the science.¹⁴ As a result, a potentially tragic policy change is being contemplated that would exclude foster children from all clinical trials, no matter how urgent the medical emergency. It is ironic that the stunning success of ARVs in paediatric populations seems to have allowed some communities to forget the devastating death rates among HIV-infected children in the 1980s and early 1990s, a situation which drove researchers and physicians to make adult drugs available to children in the first place.

THE BBC IN 2004 broadcast a video version of Scheff’s story, with “research” by the AIDS denialist writer Celia Farber and starring Christine Maggiore. The lurid insinuations were repeated on the BBC website, without any check into the underlying facts. A number of individuals, including the authors of this article, have registered a formal protest with the BBC, identifying many specific errors and misleading claims and noting how this shoddy journalism has damaged public health.¹⁵

LAST SPRING, *Harper’s Magazine* printed a long article by Celia Farber in which she questioned the use of nevirapine to pre-

vent mother-to-child transmission of HIV, despite the astonishing success of the drug in preventing vertical transmission, while lionizing Peter Duesberg, one of the earliest AIDS denialists. Her article repeated many of the scientific errors, innuendo and misconceptions that AIDS denialists usually perpetrate over the internet and has been thoroughly rebutted by scientific experts. Disturbingly, a well-regarded popular science magazine, *Discover*, has now published a long interview/book-plug with Ms Farber.

WHAT CAN HIV professionals do about the continued activities of the AIDS denialists? First, be aware of efforts to counter their campaign of misinformation. HIV scientists and activists have established a website for this purpose at www.AIDStruth.org. We encourage IAS members to read the information posted on this site and forward the link to friends and colleagues. Background information and supporting documentation for a number of the events and issues covered in this article is available on the website at www.AIDStruth.org/iasnewsletter.

SECOND, CHALLENGE AIDS denialism and all pseudoscience whenever it appears in the legitimate local and national press. For example, HIV professionals might consider whether they wish to support in any way magazines like *Harper’s* and *Discover* that give space to AIDS denialists.

THIRD, IF AIDS denialism surfaces within your own institution, particularly if students become involved, bring the weight of your influence and scientific knowledge to rebut its spurious claims.

FINALLY, SERIOUS CONSIDERATION should be given to the consequences of what the AIDS denialists have done and will continue to do, if unchecked. There are well-accepted limits to free speech when it applies to public health (is it considered acceptable to promote cigarette-smoking in schools?). The denialists will not simply disappear; their motivations (publicity-seeking, profit, personal denial) are too strong. Coordination on an international scale is now required to defeat them wherever they surface. HIV professionals need to know what the denialists’ agendas are, and educate their patients and the public accordingly before the deadly impact of this phenomenon has additional opportunities to expand the AIDS epidemic. ■

¹⁰ Professor Leslie London, a medical ethicist at the University of Cape Town, in an affidavit filed before the Cape High Court.

¹¹ The 2005 Africa ASASA ruling is online at www.quackwatch.org/11ind/rath3.html.

¹² Rasnick sets the record straight. *The Citizen*. 31 January 2007.

¹³ Goldacre, Ben. No Way to Treat an AIDS Hero. *The Guardian*. 20 January 2007.

¹⁴ The Tuskegee Syphilis Study of the U.S. Public Health Service followed the course of disease in 399 African-American men with syphilis from 1932 to 1972. The men were denied treatment even after the efficacy of penicillin was discovered in 1947, and were lied to by researchers who told them that they were being treated.

¹⁵ The full complaint is available online at www.AIDStruth.org.



The XVI International AIDS Conference: Will it Have a Legacy?

Helene Gayle and Mark A. Wainberg

As Co-Chairs of the XVI International AIDS Conference (AIDS 2006) held in Toronto, Canada, 13-18 August 2006, we were gratified that attendance eclipsed all previous International AIDS Conferences. Most observers concurred that the conference was a great success from both scientific and social standpoints.

FIRST, MANY PEOPLE have written to thank us for having organized a conference that was so strong in regard to prevention. This is important, since prevention research is critical to stemming the spread of HIV. The conference included important sessions on microbicides and preventive vaccines. It reported on key concepts and progress in regard to the initiation of clinical trials testing a number of prevention modalities, and included sessions on the important concept of pre-exposure prophylaxis. The conference also provided a forum for discussing male circumcision and whether this procedure might be shown to protect women from being infected by HIV positive partners in addition to protecting men from HIV infection.

THE CONFERENCE ALSO was recognized for the many compelling abstracts that dealt



with new and improved treatments for HIV disease, including some of the most robust data ever presented on the Merck integrase inhibitor, MK-0518. Other compelling presentations included the results of the KLEAN trial that compared lopinavir/r against fosamprenavir/r in a randomized controlled trial in which patients also received the nucleoside combination of 3TC/abacavir. Novel data were presented on CCR5 antagonists that are currently being developed by both Pfizer and Scher-



ing, both of which show great promise. A sense of renewed optimism emerged from AIDS 2006 regarding the fact that our therapeutic arsenal will soon include members of two novel additional classes: integrase inhibitors and CCR5 (entry) inhibitors.

AT THE SAME time, the conference recognized that we must make far greater progress in bringing the benefits of antiretroviral therapy to people in developing countries. Despite considerable progress during the last six years in regard to antiretroviral drug access, the reality is that more people became newly infected by HIV during 2006 than had access to antiretroviral drugs. As long as this situation persists, it is difficult



to imagine that we will win the global battle against AIDS. We are grateful that there now seems to be consensus throughout the world that nothing must be permitted to interfere with the rights of HIV infected individuals to gain access to antiretroviral drugs, regardless of where they live or their ability to pay. This concept was symbolised by the theme of the conference, "Time to Deliver", which underlined the fact that we must all be held accountable in regard to the compelling need to bring treatment, prevention and care to everyone in need.

AIDS 2006 MAY also be recognized over time as having played a key role regarding changes in South African government policies toward HIV/AIDS that occurred subsequent to the conference. Many will recall that president Mbeki had embraced a number of HIV denialist views in recent years, views which were promulgated by his Health Minister, Manto Tshabalala-Msimang, and which one Late Breaker abstract estimated had cost over 300,000 South African lives. The Treatment Action Campaign



(TAC) and its allies in South Africa have long and courageously fought for a reversal of these policies and they deserve immense credit for the recent rationalisation of South African government policies on HIV/AIDS. Their cause was helped by the fact that numerous speakers at the International AIDS Conference in Toronto criticized comments made by Manto Tshabalala-Msimang, who stated at the start of the conference that lemon juice, beetroot and garlic were effective treatments for HIV. The message of TAC, its allies and other speakers at the conference were picked up by both South African and international media, and undoubtedly helped catalyze the South African government's reassessment of its approach to HIV. We are, of course, delighted that these changes have now come about and believe that AIDS 2006 played an important role in securing this shift. In summary, we believe that AIDS 2006 will indeed have an important legacy and will be looked back on as a turning point in the global battle against the HIV epidemic. We feel honoured to have been the co-chairs of this important event and are grateful to all those who worked with us to ensure its success. ■



IAS 2007: Narrowing the Gap between Science and Practice

IAS 2007 - the 4th Conference on HIV Pathogenesis, Treatment and Prevention - promises to build on the success of the previous conference in Rio, where delegates attended from more than 125 countries, and will provide an ideal opportunity for networking and collaboration.

LEADING SCIENTISTS, PUBLIC health experts and health practitioners will examine how scientific advances can, in very practical ways, inform the global response to HIV/AIDS, and how best to bridge the gap between science and practice. The conference will also feature reports on the latest developments in the areas of basic, clinical and prevention science.

BOTH COMMERCIAL AND non-commercial organizations will have the opportunity to showcase their products, programmes and services to a targeted audience, with an exhibition area of over 5,000 square meters.

TO ENCOURAGE BROADER participation in the conference, organizers are offering a two-tiered fee structure, with lower registration fees for delegates from middle and low-income countries (as defined by the World Bank), and will award at least 200 scholarships. In an effort to further expand access, webcasts of plenary and other key sessions, as well as online coverage of scientific sessions, will be provided through IAS' partners, the Kaiser Family Foundation and Clinical Care Options respectively.

FOR MORE INFORMATION on IAS 2007 visit www.ias2007.org. ■

AIDS 2008 Conference Coordinating Committee Members

The IAS is pleased to announce the 26 members of the Conference Coordinating Committee for the XVII International AIDS Conference, to be held in Mexico City, 3-8 August 2008:

- Mario Bronfman Pertzovsky
- Juan Jacobo Hernandez Chavez
- Ana Luisa Liguori Hershcopf
- Marie Laga
- Jose-Maria Gatell
- Philippa Lawson
- Beatrice Were
- Stephen Lewis
- Javier Luis Hourcade Bellocq
- Kieran Daly
- Mauro Guarinieri and Beri Hull (shared seat)
- Sophie Dilmitis
- Pascal Tanguay
- Luis Enrique Soto Ramirez (Conference co-chair)
- Maria del Carmen Gorbea Robles
- Angelica Maria Valenzuela Gracia
- Carlos Garcia de Leon Moreno
- Jorge Saavedra Lopez
- Patricia Oznaya
- Robin Jackson
- Andrew Ball
- Stephano Bertozzi
- Pedro Cahn (International conference co-chair)
- Elly Katabira
- Craig McClure
- Julio Montaner
- Mats Ahnlund (ex-officio)

Education Activities at IAS 2007

IAS Activities

THE IAS IS pleased to announce a pilot education programme: Current Research & Translational Issues in Basic, Clinical, and Prevention Science.

IN CONJUNCTION WITH IAS 2007, the IAS, in partnership with the Australasian Society for HIV Medicine (ASHM), is delivering an education programme on Friday, 20 July 2007 in Sydney, Australia. This one day course is for graduate and post-doctoral students and junior faculty to build their skills and knowledge of critical research questions and translational research issues. The programme includes plenary presentations and smaller cross-disciplinary discussions related to the three major scientific tracks of the conference. The seminar will help participants build clear and meaningful pathways for involvement in the conference and include skills-building workshops on writing for publication and grant proposal writing.

ASHM

AS CONFERENCE preparations gather speed, we continue to work closely with local organizations to prepare the city for IAS 2007. Our annual conference will this year be completely incorporated into IAS 2007. However, our informative HIV education programme will be held in conjunction with the conference as usual.

BEFORE YOU FINALISE your travel arrangements to Sydney, we invite you to review the range of courses on offer in July 2007. For more information on course content and for registration information, please visit the ASHM website at www.ashm.org.au.

WE LOOK FORWARD to welcoming you soon to the beautiful city of Sydney. ■

Activities	Date/s
International Short Course in HIV Medicine	July 17 – July 20
International Laboratory Seminar	July 19 and 20
Australian Short Course in HIV Medicine	July 18 – July 20
IAS Education Programme	July 20
Australian Viral Hepatitis Course	July 19 and 20
Basic Science Workshop: "Translating Basic HIV Immunology into Novel Interventions"	July 21
Professional Societies Think Tank	July 21
Papua New Guinea Research Workshop (tbc)	July 26
APNAC-NIH Meeting (organised by ASHM and the Asia Pacific Neuro AIDS Consortium)	July 21
Clinical Educators Workshop	July 26



Governing Council Approves Policy and Advocacy Framework

Jacqueline Bataringaya

Members of the Governing Council (GC) recognized that the XVI International AIDS Conference (AIDS 2006) held in Toronto provided the world with an opportunity to mark several critical anniversaries in the history of the epidemic. Reflecting on 25 years of the epidemic and 10 years of HAART showed that despite the increase in global resources to fight the epidemic, with close to 40 million people living with HIV world-wide, the global response is not keeping pace with the epidemic. The IAS has growing visibility, voice and a responsibility to play an important role in global HIV/AIDS Policy and Advocacy.

As a global association and the world's leading independent voice of HIV/AIDS professionals, the IAS has the potential to leverage the expertise, experience, influence and knowledge of close to 3,500 health workers, 2,000 researchers, and 2,000 policy experts who are among its membership of over 10,000. In addition, the IAS can draw on its strength in mobilizing diverse stakeholders around international debates, its ability to draw unparalleled media attention toward the challenges facing the response, and its unique convening power via the international conferences.

Guiding Principles

The GC recognized that with members in

over 170 countries worldwide, the diversity of cultures, priority issues, and status of the response in each region, the IAS needed a set of common principles, values and criteria to inform both proactive and reactive policy and advocacy action. The IAS will promote policies based on human rights; improved equity; greater involvement of affected communities, accountability for internationally agreed commitments; translation and application of evidence for sound policy and effective service delivery; recognition of increased vulnerability; working in partnership; protecting the independence of the IAS voice; and strengthening the relevance of International AIDS Conferences as it relates to international AIDS policy and advocacy.

IN IDENTIFYING SPECIFIC themes for IAS Policy work, the GC reviewed the 2000 Millennium Declaration, the May 2006 UNGASS Political Declaration, recent G8 commitments including Universal Access by 2010, strategies of key global health institutions and highlights of AIDS 2006. In addition, group discussions reflected on challenges facing each region and proposed priority issues on which they felt that IAS would add value, and which fit within the IAS Strategic Framework 2005-2009.

Major Issues Identified at the GC Retreat:

1. Addressing the Health Workforce Crisis and Strengthening Health Systems:

There was overwhelming agreement on the importance of the global health workforce crisis to the IAS, with the African region considering it a top priority for urgent action. Over the next two years, the IAS will seek to mobilize and connect more with members at regional and international levels. The IAS' policy and advocacy activities will also take into account broader health system strengthening, and integration of other infectious diseases, co-morbidities and multi-sectoral drivers related to AIDS.

2. Integration of TB and HIV:

The Retreat highlighted that *weak health systems* underpin poor management of TB/HIV epidemics and underscored the need for strengthened TB/HIV collaboration through the Universal Access agenda. There was strong endorsement for IAS policy and advocacy on TB/HIV related challenges, and support for investment in activities that ensure greater visibility and action, in collaboration with other actors.

3. Promoting Evidence for Effective Prevention and Treatment Access:

Despite the re-establishment of prevention as an indivisible partner of treatment, 2006 also witnessed a 'rebirth' of 'AIDS denialism'. At the heart of these debates

are claims that HIV does not cause AIDS, and that the epidemiology of AIDS is misrepresented in global reports. The IAS will counter this trend by intensifying its role as a global knowledge broker in the promotion of research, and translation of evidence into policy and practice. In the strategy period, the IAS will seek to add value to policy issues where there is polarization or controversy through facilitation of dialogue, discussion and debate.

4. Fighting Discrimination and Promoting Rights of People Living with HIV:

One of the key lessons from AIDS 2006 is that we must remain vigilant in galvanizing a response to stigma against people living with HIV, with the same level of focus, passion and commitment that characterizes the search for effective HIV treatments. The IAS is profoundly concerned at the persistence of policies and laws that stigmatize and discriminate against people living with HIV, and is also alarmed by the increasing criminalization of HIV transmission. In many cases patient confidentiality has been violated. There needs to be greater discussion and debate on whether prosecutions and imprisonment are in the public health interest, and how responsibility for prevention of transmission is shared between sexual partners in various contexts.

5. Social Science Research - Impacts of Religious Ideology and Political Science:

The IAS has a potentially important role in addressing issues of religious fundamentalism, international relations and human security. The IAS policy and advocacy strategy will aim to improve the quality of social and political analysis that informs policy, research and programme scale-up; it will promote intellectual rigor and the interest of top researchers in social sciences and humanities on issues that have been considered of special significance to the epidemic including the role of religion in hindering and/or supporting policy and practice in HIV prevention. In addition, the IAS will seek strategic engagement of religious leaders across all the major faiths, in order to seek greater adoption of evidence in their HIV/AIDS and health policies, funding practices and service delivery.

What is the Outlook for Engagement of the Wider Membership?

HIV/AIDS policy is in a fast moving and complex international context. The policy and advocacy strategy will employ different approaches in order to empower members as advocates, and link different professional expertise the IAS represents at regional and international levels directly to the work of the organization including targeted expert discussion groups. ■



The IAS Governing Council held its 3rd Annual Retreat - November 2006 in Montreux, Switzerland

Initiatives Update

By Rodney Kort

Industry Liaison Forum (ILF)

A SERIES OF ILF meetings were held in conjunction with the Conference on Retroviruses and Opportunistic Infections (CROI) held in Los Angeles this year. In addition to reviewing options for ILF engagement in a number of different policy areas, a multi-stakeholder ILF meeting was held to develop consensus guidelines for clinical trials testing antiretroviral drugs for pre-exposure prophylaxis (PREP) safety and efficacy. The guidelines will be released at the 4th IAS Conference on HIV Pathogenesis, Treatment and Prevention in July 2007. Although they focus on industry's role and responsibilities in PREP research, the IAS hopes the guidelines will be helpful in clarifying the respective ethical and operational responsibilities of all stakeholders engaged in this important new area of biomedical prevention research.

THE IAS, IN collaboration with the AIDS Vaccine Advocacy Coalition (AVAC) convened a PREP community advocacy planning meeting in February, also in conjunction with the CROI meeting. The purpose of the meeting was to identify key questions for community

advocates in preparation for a broader PREP stakeholder meeting at IAS 2007, as well as establish a clear process for community advocacy coordination and communication as it relates to the design and conduct of PREP clinical trials. The IAS has taken a leading role in facilitating dialogue on PREP research and implementation issues. A brief report from this meeting, as well as a larger multi-stakeholder PREP consultation held in conjunction with AIDS 2006, is available in the "Initiatives" section of the IAS website at www.iasociety.org.

Electronic Journal of the International AIDS Society (eJIAS)

eJIAS CONTINUES TO publish important new research across all HIV disciplines at www.eJIAS.org. Recent articles have included an impact evaluation study of the greatest beneficiaries of the International AIDS Conference (based on the AIDS 2004 evaluation), and an analysis of key epidemiological drivers in sub-Saharan Africa, along with suggested socio-behavioural interventions to reduce HIV transmission in this region. Look for the IAS to expand the range of publications available on eJIAS beyond research studies to policy and position papers, commentary and other editorial. An annotated bibliography of articles published in eJIAS is in preparation and will

be released at IAS 2007 in Sydney.

Education and Training

GEORGE VALIOTIS, WHO has extensive experience in HIV and Hepatitis C adult education in his native Australia, recently joined the IAS and will be taking the lead on coordinating its education, training and other professional development initiatives. Inquiries about IAS education and training activities can be sent to education@iasociety.org. ■



Letter of Intent Signed for FORO 2007

THE INTERNATIONAL AIDS Society and the Horizontal Technical Cooperation Group (GCTH) will collaborate in making the IV Latin American and Caribbean Forum on HIV/AIDS and Sexually Transmitted Infections (FORO 2007) a success. This collaboration was sealed when a Letter of Intent between the two organizations was signed on 18 December 2006.

UNDER THE TERMS of the Letter of Intent, the IAS will be represented in the Conference Steering Committee by Dr. Luis Soto-Ramirez, the IAS Governing Council Regional Representative for Latin America and the Caribbean. Dr. Soto-Ramirez is also Co-chair of the XVII International AIDS Conference which will take place in Mexico in 2008. Dr. Hector Perez, the IAS Governing Council member from Argentina will represent the IAS on the Programme Committee of FORO 2007.

FORO 2007 WILL take place in Buenos Aires on 17-20 April 2007. The theme of the conference is "Latin America and the Caribbean: Diverse and United Towards Universal Access". ■



IAS Adopts Regional Development Strategy

The IAS will be implementing a comprehensive strategy for regional development, approved at the Governing Council Retreat in November 2006.

THE OVERALL GOAL of the IAS' regional work is to contribute to mobilizing a well-equipped force of HIV professionals to play a leading role in the scale-up of HIV research, prevention, treatment and care.

THE STRATEGY HAS three specific objectives: The first is to support sustainable regional AIDS networks that are democratically



governed and professionally run. Regional networks already exist for the Asia-Pacific and African regions but not in other regions. The second objective is to help ensure that regional conferences are effective forums for networking, advocacy, policy development and the exchange of best practices, linking them more strongly to the International AIDS Conferences. The final objective is to deliver more direct and better-targeted services to IAS members in the regions.

THE STRATEGY RECOGNISES that there are significant opportunities for collaboration between the IAS and regional networks. Such collaborations can deliver mutual benefits through exchanging expertise and sharing resources. The experience of the IAS in evolving into a fully-fledged professional membership society could be used by other organizations, and regional networks have unique experiences in their own development that could be useful to the IAS. In addition, they are best placed to identify and clarify key regional issues and develop strong regional voices and action around those agendas.

BETWEEN THEM, EXISTING regional networks and the IAS have many years of conference organizing experience, including well-tested models for governance and programme development as well as information technology (IT) tools and systems for conference

logistics. Additionally, greater impact at ground level can be achieved by linking the global agenda and perspectives that get generated at the international AIDS conferences with what happens at the regional AIDS conferences, and vice versa.

ANTICIPATED OUTCOMES OF IAS activities in this area include the development of structures and systems that ensure democratic, transparent and accountable governance, more active engagement by members, and effective use of IT in facilitating communications and knowledge transfer.

ANOTHER OUTPUT IS strengthening the professional secretariats that service regional networks. Such secretariats serve an important role as the institutional memory of the network, including developing and sharing ideas on funding models and experiences so important to organizational sustainability.

THE IAS PLANS to support the professional development of our members by first identifying their needs through a consultative process and then designing products and services based on the results of those consultations. Members will also be engaged in organizing events and mobilizing members so that they can be a major force in influencing and setting the regional HIV/AIDS policy agenda. The new strategy will guide and better focus the IAS' contribution to the HIV response at the regional level. ■

The IAS Talks With Dr. Hector Perez, IAS Governing Council Member from Latin America and the Caribbean

Hector Perez, MD, was born in Argentina in 1955. He graduated from the Buenos Aires University Medical School in 1979, and after completion of his residence in Internal Medicine, he served as Chief of Residents at the Juan Fernandez Hospital in Buenos Aires, Argentina. Since 1983, he has worked with Dr. Pedro Cahn, setting up the first clinic to assist people living with HIV/AIDS.

Dr. Perez served several times as external advisor for The Pan American Health Organization (PAHO) and World Health Organization (WHO). He served as a member of the panel which developed Guidelines for Antiretroviral Treatment in Adults for Latin American and Caribbean Countries, PAHO, 2001. Dr. Perez has also been a permanent member of the HIV Guidelines Committee of the Social Security System in Argentina since 1994. Dr. Perez was staff of the National AIDS Program in Argentina, from 1992 to 1996. From 1995 to 1999 he served as Vice-President for the Argentine AIDS Society. Dr. Perez was part of the Conference Organizing Committee for the 1st IAS Conference on HIV Pathogenesis and Treatment. Dr. Perez is responsible for the clinical branch at the Infectious Diseases Unit, Hospital Juan Fernandez, Buenos Aires, Argentina. His main focus of interest is HIV/TB co-infection and issues on access to ARV therapy.

Q: Dr. Perez, how do you see your role as an IAS Governing Council (GC) member in the Latin America and the Caribbean region?

A: I think that a member of the Governing Council for the Latin America and the Caribbean region must be a link between different professionals in the field of HIV/AIDS and people living with the virus. Our region has more than two million people living with HIV, many of them unaware of their condition. It is necessary and important that countries and health authorities understand that treatment is important to reduce transmission. Our role in the region is to promote wider access to voluntary testing and counselling for everybody in order



to provide early treatment. Most people in Latin America and the Caribbean feel they are only represented by the Pan American Health Organization or UNAIDS. Our purpose is to ensure a strong presence for the IAS here, as the Durban conference represented the “voice of reason” [in sub-Saharan Africa]. Conferences such as FORO 2007 in Buenos Aires and the International AIDS Conference in 2008 in Mexico City (AIDS 2008) should be the first step to achieving this goal in our region.

Q: What are the main challenges in HIV/AIDS in your region and how are they being addressed?

A: In our region most people find out about their condition when they get an opportunistic infection, such as tuberculosis, diarrhoea, slim disease, fever or other conditions related to HIV. In low income regions, receiving patients with advanced HIV disease not only increases health programme costs but also excludes young people from education and the labour force. Our major challenge is to try to get people to seek medical consultation before becoming ill, which means not only knowing about HIV infection but also working on prevention. The world speaks about the problem in Africa, Asia and Eastern Europe but in our region the number of infected people has increased by up to two million in the last decade. Although Brazil and Argentina have universal access to treatment, most of the other countries from the Latin America and the Caribbean region show a different reality, where they are without antiretroviral therapy, including treatments proven to prevent mother to child transmission. Many efforts have been made during the last five years on these topics by government health authorities, but the IAS can do additional work to empower its membership to share their knowledge about prevention,

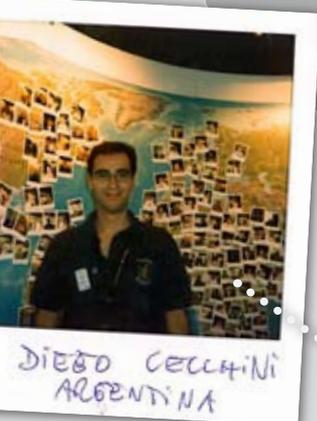
treatment and access strategies to their colleagues in the region.

Q: What can the IAS do to better link with the regions?

A: Up until now, our link with the regions has only been related to conferences. As Mark Wainberg – past president of the IAS – said, “Durban was a demonstration of the joint efforts of the north and south in fighting HIV/AIDS”. We need to create better conditions for expanding human resources in different health fields. Our participation must be stronger in regional meetings. It is important that prevention messages keep pace with the epidemiology of the pandemic, which in Latin America is now spreading mainly through heterosexual transmission. Related to this is the importance of testing and providing treatment to pregnant women, preventing MTCT, and testing and treating children. Maybe it sounds as if we were talking about Africa, but that is also the reality in this region. Another topic on which we should focus is to improve communication with people of other ethnicities and those speaking different languages.

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

A: The upcoming conferences FORO 2007 and AIDS 2008 should be cornerstones not only for people living with HIV, but also for health authorities. I think that the response to HIV/AIDS requires a stronger commitment of the society, like in Africa and other regions. Today, discrimination is still common in our countries and this reduces opportunities of early consulting, treatment and prevention. As long as the community believes this is “somebody else’s problem”, we are far from finding solutions. Why would I advise someone to become a member of the IAS? Because we are *Stronger Together*. ■



DIEGO CECCHINI
ARGENTINA



DR. HUBERT MORQUETTE
HAÏTI



Maria Angelina Castillo
Dominican Republic



Juan Carlos Andia
CHILE - BOLIVIA



MARIÂNGELA SILVEIRA
RS - BRAZIL



MIRIAN SOTOLONGO
VENEZUELA

IAS Member World Map: Profiles from Latin America and the Caribbean

THE IAS HAS more than 10,000 members in 171 countries. Our members face huge challenges in responding to the HIV epidemic in their region. In this issue of the newsletter we introduce some members from Latin America and the Caribbean.

DR. JUAN CARLOS Andia Zambrana works for the NGO Fundación ACOGE in Bolivia and Chile. ACOGE focuses on medical training, research and monitoring and evaluation of HIV/AIDS programmes in Latin America. More information is available at www.fundacionacoge.org.

MARIA ANGELINA CASTILLO from the Dominican Republic works as the HIV/AIDS and Tuberculosis Activity Manager for the United States Agency for International Development (USAID/DR) in San Domingo, Dominican Republic. Information on the programmes delivered in the Dominican Republic by USAID is available at www.usaid.gov/dr.

DR. HUBERT MORQUETTE works in Port-au-Prince as World Relief Country Director of Haiti, a nation that faces the biggest development challenge in the western hemisphere. Information on World Relief programmes is available at www.wr.org.

DR. MIRIAN SOTOLONGO Cardozo is an immunologist at the Hospital Coromoto in Maracaibo, Venezuela. Information on the hospital is available at www.hospitalcoromoto.com/index2.htm

DR. MARIANGELA FREITAS Silveira is Epidemiologist and Associate Professor of Maternal and Child Department at the Faculty of Medicine, Federal University of Pelotas, Brazil. Information on its services is available at www.ufpel.tche.br.

DR. DIEGO CECCHINI works for Muniz Hospital in Buenos Aires, Argentina. Muniz is the main Argentinean referral center for infectious diseases and assists more than 800 TB patients yearly. The hospital's website is www.mundosano.org/hospital/main.html.

Download free hiv/aids slides and images

THE AIDS IMAGES Library is a searchable online library of AIDS-related images for health care providers. Images, illustrations and tables from this site are organized according to the disease, type of image and

organ system. The site was developed by Dr. Bernard Hirschel, Chief of the HIV/AIDS Division at Geneva University Hospital. The site content, including the slides and photographs are available for download free of charge online at www.aids-images.ch or link directly from the IAS website at www.iasociety.org.



One of the slides available on www.aids-images.ch, showing CMV Retinitis on the left and a normal retina on the right