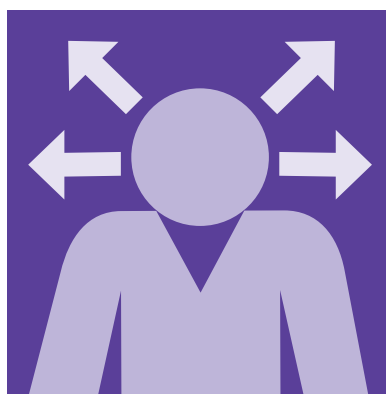


Ground-breaking Science Presented at IAS 2013

4 This edition includes a summary of the key science presented at the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention.



Audience at the IAS 2013 Monday Plenary Session © IAS/Marcus Rose/Workers' Photos



- 2** Message from the President and the Executive Director
- 3** IAS 2013 Kuala Lumpur: A Confluence of Science and Implementation
- 4** Science presented at IAS 2013 Marks Another Milestone in HIV Research
- 6** IAS Policy and Advocacy Activities at IAS 2013
- 7** WHO Consolidated HIV Guidelines – 2013: Opportunities and Challenges
- 8** HIV and Drug Use Fellowship Opens Doors for Young Researchers
- 9** None Left Behind – The IAS's Work with Key Affected Populations
- 10** Fellowships and Grants Foster Next Generation of HIV Researchers
- 12** Registration and Abstract Submissions for AIDS 2014 Opening Soon!
- 14** Planning for IAS 2015 Moves Ahead
- 15** The IAS Talks with Marina Klein
- 16** Regional Updates

Message from the President

As International Chair of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013), I would like to congratulate all of you, delegates, abstracts presenters, speakers and organizers, who contributed to the success of this conference. The scientific breakthroughs presented in Kuala Lumpur reaffirmed the position of the IAS conference as one of the main international scientific events in the field of HIV.

My deep gratitude also goes to Professor Adeeba Kamarulzaman, IAS 2013 Local Co-Chair, and her team. It was an honour and pleasure to work alongside them.

A summary of the conference's key scientific findings is included in this newsletter, and later

this month a more comprehensive Conference Summary Report will be available online. One of the many headlines of the conference was the new WHO guidelines which have now been analysed by the IAS Advisory Group on "Treatment as Prevention" on [page 7](#).

The conference was also a unique opportunity for the IAS to promote and advance its policy and advocacy priorities and its relations with partners and members. I was particularly pleased to see many of you at the annual IAS General Members' Meeting. This year the main focus of the meeting was on the IAS work with Key Affected Populations (KAPs), including men who have sex with men, sex workers, people who inject drugs and transgender. Presentations were given by Sai Subhasree Raghavan and by Chris Beyrer and Michel Kazatchkine, co-chairs of the IAS Working Group on KAPs, who reiterated how stigma, discrimination, and ideological policies towards disproportionately burdened populations, rather than science-based policies, represent a major barrier in the HIV response.

If we want to change the course of the epidemic, scientific progress is not enough. We need a synergistic approach that addresses also human rights and we must keep them on the



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global agenda as a key priority. As the strength of the organization lies in our membership, I strongly encourage all of you to share your ideas, best practice, and expertise with members of the Governing Council and the IAS Secretariat.

Françoise Barré-Sinoussi
IAS President

Message from the Executive Director

After the success of IAS 2013, the IAS secretariat is getting ready for the dense calendar of events and meetings lying ahead of us. Planning for the 20th International AIDS Conference (AIDS 2014), 20–25 July 2014, Melbourne, Australia, is now in full swing and just a few days ago the IAS and partners met in Sydney to discuss the conference programme and other related activities.

As emphasized by the conference theme "Stepping up the Pace", AIDS 2014 will be strongly focused on the need for a renewed effort from science, leadership and community to change the course of the HIV epidemic and accelerate both new scientific findings and universal access to treatment. Also, the meeting will offer participants with the opportunity to network, share best practice

and promote dialogue in an international dimension. Registration for AIDS 2014 opens on December 1st. We hope to see you in Melbourne next July.

The IAS secretariat is also working on the next IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) which will take place in Vancouver, B.C., Canada, from 19–22 July 2015. Canada has an outstanding history of support for the global HIV response and has hosted some of the most significant International AIDS Conferences. I therefore look forward to another great conference in 2015. Together with our partner, the University of British Columbia (UBC) Division of AIDS, based at St. Paul's Hospital, Providence Health Care, we will work on building a strong scientific programme. More information about this will be available in the upcoming months.

Before the end of the year we will also attend regional conferences and meetings. In November, at ICAAPI I in Bangkok, the IAS will update conference participants on the scientific findings presented in Kuala Lumpur at IAS 2013. Also, the IAS Policy and Advocacy department has organized several events focused on human rights and Key Affected Populations in Asia and the Pacific as part of the programme. In December we



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will then head to Cape Town for ICASA, the International Conference on AIDS and STIs in Africa. These regional conferences are of the utmost importance for the IAS as they give us the opportunity for fruitful meetings with our existing and potential members and for a stronger regional presence and partnerships, both vital aspects of our organization.

Bertrand Audoin
IAS Executive Director

IAS 2013 Kuala Lumpur: a Confluence of Science and Implementation

By Professor Adeeba Kamarulzaman*

IAS 2013 Local Co-Chair

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 Kuala Lumpur, a vibrant multi-cultural city with a long colourful history including several centuries of colonialism, was founded on the confluence of two rivers. It is therefore only apt that IAS 2013 was held in a city that thrives, much like the HIV epidemic, on the confluence of diversity and its inevitable complexities.

Although the conference kicked off to a 'hazy' start (thankfully the haze problem dissipated just days before the Opening Session), the resoundingly positive reactions and feedback that I have received from colleagues and delegates assured me that everything went rather smoothly and a good time was had by all.

Organizing a scientific conference on HIV, an epidemic that disproportionately affects low and middle income countries, requires that extra piece of ingenuity in striking the appropriate balance between the science and the associated underlying social, legal, political and cultural determinants that shape the epidemic. I was glad to see that the scientific programme of IAS 2013 provided something for everyone – scientists, clinicians, policy makers, programme

implementers, civil society, human rights activists – and I was especially pleased with the participation of Key Affected Populations (KAPs) in every step of the way and the renewed sense of activism that they brought with them.

IAS 2013 was also an opportunity for key actors in the AIDS response to highlight issues that are of great importance and interest to the South East Asian region, particularly hepatitis C (HCV) and TB co-infections as well as harm reduction for people who use drugs. South East Asia collectively has a strong body of evidence to turn the tide on the HIV epidemic: Malaysia with its successes in harm reduction programming, Thailand paving the way in safe sex, and Cambodia with its effective on-the-ground rollout of antiretroviral therapy and institutionalized commitment to end new HIV infections through the Cambodia 3.0 initiative. As the local co-chair, I am deeply honoured to have been given the chance to facilitate the sharing of such powerful knowledge among the region's and the world's AIDS response leaders.

The launch of the consolidated HIV treatment guidelines by WHO was another important moment for IAS 2013. Recommending that all countries initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less, the new guidelines bring the antiretroviral treatment approach in low and middle income countries in line with what is being practised in high income countries. While the guidelines were well received by the global AIDS community, there will be many challenges not least of which will be financial challenges in implementing these new guidelines at the country level. However, I believe the new guidelines are a step in the right direction, and I am very much hopeful that many countries have adequate resources to implement this measure.

The Cure agenda continues with more and more ground-breaking news, and took centre stage with the presentations at the Pre-Conference Symposia as well as the case of the Boston Patients closing the four-day proceedings on a very high note. While it was, according to the researchers, too soon to determine if the two HIV-positive male patients seen at the Brigham and Women's Hospital in Boston were 'cured' of HIV following successful bone marrow transplantations and discontinuation of antiretrovirals, the very encouraging results showing no signs of detectable HIV certainly marked another important milestone in the quest for a cure.

So where do we go from here? Science continues to bring forth evidence that we have long suspected: HIV transmission can be prevented with early treatment; harm reduction is a humane economically sound public health investment, and stigma remains the greatest barrier for KAPs to access life-saving prevention and treatment services. On the other hand, systems and structures – health, legal, social – continue to fail communities and societies even in parts of the world that are hardest hit by HIV. As scientists, we have a moral obligation to use scientific evidence in eliminating barriers to socio-health justice, and being the eternal optimist, I have every faith in the power of science in informing laws and policies. It is just a matter of amassing enough political pressure to push science and its implementation to the point of confluence. ■

**Professor Adeeba Kamarulzaman, IAS 2013 Local Co-Chair, is the Director of the Centre of Excellence for Research in AIDS (CERiA), at University of Malaya, Kuala Lumpur, Malaysia.*



Prof. Adeeba Kamarulzaman, IAS 2013 Local Co-Chair, at the IAS 2013 Closing Session
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Science Presented at IAS 2013 Marks Another Milestone in HIV Research

IAS 2013, the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention, was the first conference of its kind to be held in Asia.

Attended by 5,220 participants from 127 countries, the conference featured many topics specific to the Asian region, such as problems associated with injecting drug use and those people co-infected with HIV and tuberculosis or hepatitis C. Kuala Lumpur, Malaysia was described as a perfect venue for IAS 2013 because for decades the country has shown leadership in the region in providing antiretroviral therapy (ART) and, despite having strict drug laws, initiated a needle-exchange programme for drug users in 2005 that led to reductions in HIV infection rates.

IAS 2013 delegates heard the latest developments in accelerated research towards an HIV cure – with a shift from eradicating free virus (the goal when antiretrovirals became available) to the goal of targeting latent virus. In addition, considerable discussion addressed

unique issues facing adolescents with HIV, a growing population of individuals infected either in utero or at birth head towards their teenager and young adult years.

Steven Deeks from the University of California, San Francisco and San Francisco General Hospital gave the keynote address on HIV as a chronic disease rather than the inevitably fatal illness it was two decades ago. Now that people are living with HIV long term, they are developing non-AIDS chronic diseases, such as cancer and cardiovascular disease; as a result, long-term HIV treatment must switch its focus from acute to chronic care.

In the past year the hope for an HIV cure has increased with the announcements of the “Mississippi Baby” case – the first functional cure of an infant following ART started at 30 hours after birth – and the VISCONTI cohort of 14 patients in France who have maintained control of their HIV infection for a median of 7.5 years after ART interruption. The cure theme continued as conference delegates heard details of two HIV-positive Boston cancer patients who have no trace of the virus after receiving stem-cell bone marrow transplants and later stopping ART.

However, the overall major emphasis of the meeting was on addressing the limitations of ART and making ART available to all who need it globally, in particular to pregnant women to prevent mother-to-child transmission (PMTCT). Delegates heard that only around 30% of pregnant women are offered an HIV test in East, South and South East Asia, and that across the three same regions only around 16% of HIV-infected pregnant women receive antiretrovirals to prevent mother-to-child transmission of HIV.



Deborah Persaud at the IAS 2013 ‘Towards an HIV Cure’ pre-conference symposium.
Photo: © IAS/Marcus Rose/Workers’ Photos

New WHO Guidelines Announced at IAS 2013

On the first day of IAS 2013 the World Health Organization (WHO) launched its new antiretroviral guidelines,¹ recommending early antiretroviral initiation at a CD4 count less than or equal to 500 cells/mm³, up from 350 cells/mm³, as well as a raft of other recommendations pertaining to antiretroviral treatment.

The number of people gaining access to antiretroviral treatment (ART) will increase further following the release of the new WHO guidelines encouraging health authorities worldwide to start treatment in adults with HIV as soon as CD4 cell counts fall to 500 cells/mm³ or less. The previous WHO standard was to offer treatment at a CD4 count of 350 cells/mm³ or less, effectively, when the virus has already started to damage the patient’s immune system. Under the new guidelines, some 26 million HIV-positive people – or around 80% of all those with the virus – should be getting ART.

The guidelines, which set a global standard for when people with HIV should start ART, were drawn up after numerous studies found that treating HIV patients earlier can keep them healthy for many years and also lower the amount of virus in blood, significantly cutting their risk of infecting someone else.

The guidelines also recommend that all pregnant or breastfeeding women and all children under five years old with HIV should start treatment immediately, whatever their CD4 count, and that all HIV patients should be regularly monitored to assess their viral load. This monitoring allows health workers to check whether the medicines are reducing the amount of virus in blood. It also encourages patients to keep taking their medicine because they can see it having positive results.

Delegates heard that delivering antiretrovirals to the additional patients targeted by the new guidelines would require an additional 10% of the current \$24 billion a year needed to fund the global fight against HIV and AIDS. However, the conference also heard that three million more lives would be saved globally by 2025 if antiretrovirals are offered soon after people test positive for the virus.

IAS 2013 at a Glance

- 5,220 participants
- 127 countries represented
- 118 scholarship recipients (18 community scholarship recipients)
- 183 volunteers
- 2,131 abstracts submitted; 896 accepted
- 71 sessions (39 non-abstract-driven sessions, 32 abstract-driven sessions)
- 9 plenary presentations
- 35 exhibits
- 17 satellite meetings
- 7 scientific prizes and awards

IAS 2013 Scientific Highlights

- Two cancer patients also infected with HIV have no trace of the virus in the cells and tissues examined after receiving stem-cell bone marrow transplants and later stopping antiretroviral therapy, a finding suggesting they may be on track to achieving long-term control of their AIDS-causing infection. These two HIV-infected patients received reduced-intensity conditioning allogeneic hematopoietic stem cell transplantation (RIC-alloHSCT) from wild-type CCR5 donors while continuing ART.^{2,3} The two patients, referred to as the "Boston patients," stopped HIV treatment between two to five years after the transplants, which in other cases has led to the virus returning. At the time of the presentation, one patient had no sign of the virus 15 weeks after stopping treatment, while the other had gone seven weeks without HIV rebounding.
- The Bangkok Tenofovir Study assessed whether people who inject drugs can adhere to daily pre-exposure prophylaxis.⁴ Previous trials of tenofovir-based oral PrEP yielded divergent results, with adherence proving a critical determinant in successful protection from HIV infection. The Bangkok Tenofovir Study is the first randomized, placebo-controlled trial to test PrEP of any sort in IDUs. After seven years researchers found that study participants took tenofovir as PrEP 84% of the time, which was associated with a significant reduction in HIV infection: with 17 new infections in the study group compared to 33 in the placebo group – or a 49% reduction in HIV infection risk.
- The HIV NAT 152 PEARL study from Thailand showed that 70% of the standard dose of lopinavir/ritonavir (the protease inhibitors used most often to treat children) is as effective in achieving and maintaining viral suppression as the standard dose – with the added advantage that lower doses led to lower mean levels of total cholesterol and triglycerides. The 48-week analysis of the five-country ARIEL study of antiretroviral-experienced children between three and six years and weighing between 10kg and 20kg found that children in this cohort receiving darunavir/ritonavir and an optimized background regimen had a high virologic response rate and favorable safety findings, with no resistance developing. These findings led to a recommendation of doses for this age group.⁵
- Research is focusing on sites where HIV reservoirs might remain hidden and prevent a functional cure. T follicular helper cells may act as one of these reservoirs. One study determined that players in the p21/RNR2/E2F1 cascade may represent therapeutic targets, and another study found that the neutralizing antibody 3B3, if bound to a toxin before mice are treated with ART, led to a significant reduction in viral load.⁶
- A number of studies focused on the development of diseases in people with HIV who have consistent access and a positive response to antiretroviral therapy (ART). These people are now developing a range of age-related co-morbidities, including cardiovascular disease, and increased levels of multiple markers of inflammation. A study⁷ in western India confirmed that people with HIV undergoing treatment with tenofovir have a higher rate of nephrotoxicity than patients taking nontenofovir regimens; the study site is important because tenofovir is becoming a drug of choice in resource-limited countries. Another study confirmed that HIV infection affects bone mineral density and a large population-based study found a five-fold increased risk of hip fracture in HIV-infected patients independent of gender, age, body mass index, smoking, alcohol consumption and other co-morbidities.
- Researchers looked at innovative ways to promote HIV testing as a crucial precursor to getting people with HIV into care rapidly. One study assessed the impact of mobile testing services in Bangkok, and two studies looked at the use of incentives to increase testing: providing lottery tickets to those tested in a study in Lesotho⁸ and offering small cash incentives to hard-to-reach substance abusers in Canada: \$10 for taking an HIV test and \$15 if participants return for their results within four weeks.⁹ A Kenyan study looked at the advantages of home-based testing of pregnant women as a way to promote testing of partners and other family members.¹⁰
- Four studies examined ways to increase uptake of male circumcision as a way to reduce HIV transmission across Sub-Saharan Africa. The Systematic Monitoring of Voluntary Medical Male Circumcision (SYMMACS) study looked at voluntary medical male circumcision services across a number of sites in South Africa,¹¹ and three studies looked at the efficacy of promoting Shang Rings as an alternative to standard medical circumcision.^{12,13,14}
- Data were presented showing that non-African middle-income countries are paying an average 400% more for ART than African countries with similar Gross National Incomes (GNI). The study – done by researchers in South Africa, Thailand and the UK and looking at five frequently prescribed antiretrovirals – found that antiretroviral prices remain stable in African countries regardless of GNI, while non-African countries have widely varying prices unrelated to GNI.¹⁵ ■

IAS 2013 Online Resources

Abstracts, slide presentations, rapporteur reports and webcasts are available through the IAS 2013 Programme-at-a-Glance (PAG) at <http://pag.ias2013.org/>

Videos from IAS 2013 can be viewed on the IAS conference YouTube channel at www.youtube.com/user/iasconference

Free, high resolution photos from IAS 2013 are available at <http://ias2013.smugmug.com/>

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IAS Policy and Advocacy Activities at IAS 2013

IAS 2013 was an occasion for the IAS to organize activities related to its Policy and Advocacy work

The “*High Level Panel on Drug Policy and Public Health*”, co-organized with the Global Commission on Drug Policy and the Centre of Excellence for Research in AIDS (CERIA), promoted discussion on, evidence-based solutions towards drug policy in Malaysia, in the region, and globally. Eight key leaders, including Nancy Shukri, the Minister of Justice of Malaysia, debated and discussed the key issues to a well attended public event that included a strong media delegation.

The Scientific Symposium “*Towards an HIV Cure*” – brought together 269 scientists, scientific journalists, research funding administrators and community representatives from around the world (including 54 full and partial scholarships recipients). The Symposium, co-chaired by Françoise Barré-Sinoussi, IAS President; Steven Deeks, Professor of Medicine at the University of California, San Francisco (UCSF); and Sharon Lewin, Director of the Infectious Diseases Unit, Alfred Hospital, Monash University, presented the latest information on the priorities that

future research must address in order to tackle HIV persistence in patients on Antiretroviral Treatment (ART) and to accelerate research on viral reservoirs as a means towards achieving a cure for HIV infection.

The Scientific Symposium “*Maximizing the treatment and prevention benefits of antiretroviral therapy for key populations: What additional evidence is required?*” co-organized with WHO and amfAR, gathered a diverse group of 50 researchers, technical experts, policymakers, and civil society representatives. Discussions were held on the latest scientific evidence and programme experiences and participants considered the ethical implications on the topic, formulating and prioritizing key research questions so as to give strategic guidance for future work.

The Scientific Symposium “*HIV in Islamic Majority Settings*”, co-organized with the International HIV Partnerships and the Dana-Farber Cancer Centre, Harvard Medical School, brought together 50 researchers, scientists, policy makers, programme implementers and community representatives from Islamic contexts from 15 countries. The meeting reviewed how predominantly Islamic countries have responded to the

epidemic, and what the implications are for the evolving dynamics of the epidemic, particularly among key populations. Working with religious leaders, political leaders, health care providers, faith-based communities and other civil society groups and stakeholders presents unique challenges and opportunities in mounting an effective, comprehensive, evidence-informed response to the epidemic in these settings. The successful one day event resulted in fruitful engaging discussions and is hopefully the first of a series of discussions and dialogues on what is needed to raise the political profile of HIV, increase investment in HIV programmes, and advance a more comprehensive approach to the epidemic.

The Community Forum “*Building Partnerships between the Community and Scientists to strengthen the Response to HIV*”, conducted in collaboration with the IAS 2013 Community Advisory Group and WHO, brought 180 community representatives together, and provided participants with the opportunity to engage in the latest scientific research on HIV, and to explore the linkages between community and science. The event benefitted from having key scientists, activists and policymakers interacting with members of communities in the local language (Bahasa Malay). ■



(Left to right): Daniel Kuritzkes, Deborah Persaud, Françoise Barré-Sinoussi, Sharon Lewin and John Frater at the Official Press Conference of 'Towards an HIV Cure'. Photo: © IAS/Steve Forrest/Workers' Photos

WHO Consolidated HIV Guidelines – 2013: Opportunities and Challenges

Co-authored by: Joep Lange, Stefano Vella and Anna Zakowicz*

The results from the HPTN 052 trial, presented at IAS 2011 in Rome, demonstrated that antiretroviral drugs are important for preventing the transmission of HIV and for treatment of the individual. Recent cohort studies further suggest that increasing antiretroviral treatment coverage is important to decrease the risk of HIV acquisition at the population level.

Following these results, the global HIV/AIDS community has mobilized to accelerate scale-up of antiretroviral therapy (ART) as both a treatment and a prevention strategy. These have influenced the formulation of WHO's new guidelines for the initiation and management of ART, which were officially released at IAS 2013.

The new consolidated guidelines recommend that ART be initiated:

- For all people living with HIV who have CD4 cell counts of 500 cells/mm³ or below;
- All HIV-infected children younger than 5 years;
- All individuals with concomitant hepatitis B, chronic liver disease, and active tuberculosis, irrespective of CD4 cell count.¹

However, the guidelines reiterate that individuals with CD4 cell counts below 350 cells/mm³ should be given priority for treatment.

It endorses Option B+, where women found to be infected with HIV during pregnancy should be offered ART and, for those who start treatment, to continue on treatment for the rest of their lives. It also recommends that HIV-infected individuals in sero-discordant partnerships should be offered treatment irrespective of CD4 cell count.

It has also been recommended that treatment should focus on the use of single pill, fixed dose combination ART for initial regimens (with two nucleoside reverse-transcriptase inhibitors {NRTIs} plus non-nucleoside reverse-transcriptase inhibitors {NNRTIs} as the preferred starting regimens). It has been recommended that the use of d4T (Stavudine) be discontinued in the first-line regimens because of its metabolic toxicities.

The recommendations in the guidelines are also aimed to help programmes get services closer to people's homes, expand HIV testing, linkage, and retention in care programmes; and task shifting to ensure that stretched national programmes can scale up to meet the anticipated increase in new patients who will now be eligible for treatment.



Gottfried Hirnschall from the WHO, at the Satellite Session: WHO Global Update on HIV Treatment: Results, Impact and Opportunities.
Photo: © IAS / Steve Forrest/Workers' Photos

In generalized HIV epidemics, community-based HIV testing and counselling with linkage to prevention, care and treatment services is recommended, in addition to provider-initiated testing and counseling. The new guidelines underline the importance of using plasma HIV RNA suppression as the ultimate metric to assess the success of a local or national HIV programme.

Currently close to 10 million HIV-infected people are receiving ART, almost 90% of whom live in Africa. But close to 26 million are eligible for antiretroviral therapy, under the new WHO 2013 consolidated ARV guidelines. The new guidelines require national programmes to make significant changes and increased investments. The programmatic, economic and social implications of the revised guidelines are substantial.

The public health benefits of expanded treatment with more people being virologically suppressed and hence fewer HIV infections, would result in lower costs in the long run as the epidemic contracts. Implementation of the guidelines could avert an additional 3 million deaths between now and 2025, over and above those averted using 2010 guidelines, and also prevent around 3.5 million new infections.

Under the old guidelines, 1.2 million children needed to be in treatment; the new guidelines expand that to 2.6 million children. The treatment gap in children is much wider than in adults. At the end of 2012, 76% of children eligible to receive ART in the 21 priority countries were not being treated compared to 35% of eligible adults.² Children are more vulnerable to HIV infection and have higher morbidity and mortality and without treatment, one half of those children infected will die before the age of 2 years. There is an urgent need to broaden the elimination agenda to ensure access to care and treatment for all children living with HIV beyond the current focus on interventions within the prevention of mother-to-child transmission cascade.³

Key Affected Populations (KAPs) such as people who inject drugs, men who have sex with men, transgender people and sex workers, have higher burdens of HIV with low access to services in too many countries, and are often left behind, due to societal stigma, legal and cultural barriers. Another factor that needs to be addressed is the significant proportion of people who, for many reasons, are

not able to adhere to treatment and are lost to the care services. We have to strive to fill gaps in the knowledge and a diversity of opinions on expanding treatment on KAPs with more evidence, discussions and dialogue on varying approaches for different populations, to build up clearer guidance on how to scale up comprehensive care to KAPs, to benefit them and the wider population.⁴

In the contexts of the many achievements the world has made in countering HIV and continuing challenges, the 2013 guidelines represent an important step towards achieving universal access to ARV drugs for treating and preventing HIV, increasing the efficiency, impact and long-term sustainability of ARV programmes and contributing to the ultimate goal of ending the HIV epidemic. HIV professionals and IAS members have a key role in translating these guidelines and making this a reality. ■

*Co-Chairs of the Advisory Group on the IAS Policy and Advocacy priority on 'Treatment as Prevention'

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HIV and Drug Use Fellowship Opens Doors for Young Researchers

When Dr. Iko Safika received her HIV and Drug Use Fellowship at the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2011) in Rome, she had no idea that two years later, she would say that she had found a “mentor for life”.

Dr. Safika, a research fellow at the AIDS Research Centre in Jakarta, Indonesia, was supported by the US\$75,000 HIV and Drug Use Fellowship sponsored by the IAS and the National Institute on Drug Abuse (NIDA). She conducted her post-doctoral training under the mentorship of Prof. Timothy Johnson at the Survey Research Laboratory of the University of Illinois at Chicago (UIC), USA. Her research project during the fellowship was titled “Condom-use variability among men who have sex with men (MSM) and transgender in Jakarta, Indonesia”.

Given the high amount of scientific output in the 18 months of her fellowship, she has not only been building her survey research capacity, but has also been extremely productive. This enabled her to actively take part in the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur, Malaysia, where she presented a poster on her current research findings. Without the benefits that came with the fellowship, Dr. Safika is convinced that she would not have been able to write and publish in the same manner: “The stay at UIC contributed to my professional development in multiple ways,” she says. “The Survey Research Laboratory saw me as a team member and gave me the time, opportunities and training for extensive writing and publication of my results.”

The mentor plays a special role in the life of fellowship recipients. In the case of Dr. Safika, her mentor, Prof. Johnson, not only provided her with training in survey methods, statistics and writing, but he also arranged for her to complete several reviews of articles and book chapters. Dr. Safika says this encouraged her to become more critical and confident about her own writing and research. “Prof. Johnson is the ideal mentor,” she says. “He has been very committed, and always had time and interest to discuss matters with me. By giving me the chance to review articles, he helped me to gain a broader understanding of my own research.”

The research collaboration with her mentor has not been limited to the fellowship, but is ongoing. At the moment, Dr. Safika and Prof. Johnson are awaiting approval of their jointly prepared grant proposal to advance AIDS research capacity building in Indonesia.

On the whole, the skills gained through the fellowship went beyond the frame of Dr. Safika’s research project by building her research skills in a wider sense. The training on survey research methodology and the opportunity to work on

the host institute’s datasets raised her awareness of bias in data collection. It also made her shift the focus of her own project from “high-risk behaviours” towards “venue variability of risk behaviours” among men who have sex with men (MSM) and transgender people.

This new research focus is also an attempt to find a response to the critical situation in Indonesia, Dr. Safika’s country of origin, where HIV prevalence in the MSM population is rapidly increasing. Facing the urgent need to document MSM and transgender risk behaviour more precisely, Dr. Safika contributes by examining structural effects which acknowledge that MSM’s condom use behaviour depends on where they gather, e.g. clubs and massage parlours.

This perspective has practical implications. “An effective HIV prevention strategy has to respect the settings in which MSM live and act, and not focus solely on their individual risk behaviours,” Dr. Safika says.

In addition, she sees great potential for political change in promoting more evidence-based research in her country. Bringing her expertise back to Indonesia, she aims at disseminating her results widely in her country, including among the non-governmental organizations that assisted her with data collection.

Looking back on the fellowship period and at the steps ahead, Dr. Safika says, “I recommend that any young researcher interested in the field of HIV and drug use takes advantage of the fellowship offer and applies. To me, this fellowship was a door opener and a real boost for my professional development.”

To those who consider applying for the current round of fellowships, she recommends connecting with previous fellowship recipients and mentors to receive assistance in terms of reviewing research proposals and giving other useful background information. ■

The **HIV and Drug Use Research Fellowship Programme** by the International AIDS Society, the U.S. National Institute on Drug Abuse and the French National Agency for Research on AIDS and Viral Hepatitis invites researchers to submit research proposals focusing on the linkages between HIV and drug use, e.g., alcohol, heroine, marijuana.

This fellowship programme consists of two types of awards worth US\$75,000 aimed at:

- early-stage scientists with a doctoral degree (e.g., PhD, MD) for 18 months of post-doctoral training.
- well-established HIV or drug use researchers, not involved in HIV-related drug use research, for eight months of professional development training.

More information at www.iasociety.org/fellowship.aspx



**HIV and Drug Use
Research Fellowship**
Sponsored by IAS, NIDA and ANRS

The list of researchers awarded with the HIV and Drug Use Fellowship at IAS 2013 is available on [page 10](#).



IAS-NIDA Fellowship Award recipients. From left to right are Nora Volkow (presenting), Huaihui Zhang (China), Iko Safika (Indonesia), Ely Katabira (presenting), Jinmei Meng (China), Scott Burris (mentor for Jinmei), Richard Schottenfeld (mentor for Huaihui). ©IAS/Marcus Rose/Worker's Photos

None Left Behind – the IAS's Work with Key Affected Populations

IAS Members' Meeting – 2 July 2013 – Kuala Lumpur

Delegates attending the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur, Malaysia, on 30 June – 3 July 2013 were invited to participate in an IAS special session which also served as the IAS General Members' Meeting. Over 200 IAS members from 40 different countries joined the meeting.

IAS President Françoise Barré-Sinoussi gave a warm welcome to all participants, which was followed by an update on the progress of the IAS strategic priorities for 2013 – 2014 from the IAS Executive Director Bertrand Audoin. IAS Treasurer Anton Pozniak gave a brief summary of the state of the accounts, and the members approved the financial report and the appointment of external auditors.

Chris Beyrer, IAS President-Elect and co-chair of the IAS Working Group on Key Affected Populations (KAPs), was in charge of presenting the work done by the working group, which focuses on men who have sex with men (MSM), sex workers (SW), transgender people, and people who inject drugs (PWID). He highlighted the fact that KAPs remain severely underserved in too many settings despite significant progress towards the goal of universal access to HIV prevention, treatment and care. HIV continues to affect these populations disproportionately,

and stigma, discrimination and flawed policies continue to limit their access to the services they need and want. He gave the delegates a coherent summary of the IAS Policy and Advocacy priority on KAPs, its objectives, activities, expected outcomes and how this work will be done with the support of the Advisory Group members.

Sai Subhasree Raghavan, IAS Governing Council member in Asia and the Pacific Islands – Regional Representative on the IAS Executive Committee, and Director of Solidarity and Action Against the HIV Infection in India (SAATHII) followed Chris Beyrer with a presentation about KAPs in Asia: *Where are we and what is the way forward?* She offered an Asian perspective on the current situation, challenges and best practices around KAPs. She also stressed that women and transgender populations are some of the most marginalized in the neglected populations, and gave some data on the human rights situation. Her work with civil society has helped expand access to HIV services for MSM and transgender populations in India by using the legal framework to advocate for decriminalization of same sex relationships.

To close the discussion on KAPs, Michel Kazatchkine, UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia, Commissioner from the Global Commission on Drug Policy, and co-chair of the IAS Working Group on Key Affected Populations, gave an overview on how drug policies based on prohibition law enforcement fuel the HIV

and hepatitis C (HCV) epidemics. He focused his presentation on the existing harmful legislation in the region that prevents access to treatment, care and prevention by people who inject drugs and reinforces stigma and discrimination towards this population.

The presentations were followed by questions and comments from IAS members, and there were some interesting discussions between the members and the panel. Françoise Barré-Sinoussi encouraged the members to connect with their representatives on the Governing Council, and with IAS staff, to share their experiences and best practice "so that the IAS and its members can play an important role in furthering the global response to the epidemic".

The discussions continued at the networking event organized at the end of the meeting, as well as at the IAS exhibition booth where members had the opportunity to meet with their representatives on the Governing Council, and other IAS members. The IAS booth will also be present at several regional conferences in 2013, such as the 14th European AIDS Conference in Brussels, Belgium on 16–19 October; the 11th International Congress on AIDS in Asia and the Pacific (ICAAPI 11) in Bangkok, Thailand on 18–22 November; and the 17th International Conference on AIDS and STIs in Africa (ICASA) in Cape Town, South Africa on 7–11 December.

To view the webcast and presentations from the members' meeting, visit the IAS 2013 website: <http://pag.ias2013.org/session.aspx?s=1>. ■



(Left to right): Michel Kazatchkine, Sai Subhasree Raghavan, Chris Beyrer, Bertrand Audoin, Anton Pozniak and Françoise Barré-Sinoussi at the IAS Members' Meeting: "None Left Behind". © IAS/Steve Forrest/Workers' Photos

Fellowships and Grants Foster Next Generation of HIV Researchers

Grants for Creative and Novel Ideas in HIV Research (CNIHR)

Building on the success of previous rounds, the IAS, in cooperation with the U.S. National Institutes of Health and the Centers for AIDS Research, awarded 11 research grants each worth up to US\$150,000 per year for one to two years at IAS 2013. The 2013 round of the CNIHR grant programme invited researchers without prior experience in HIV cure research to submit research projects with the potential of contributing to the search for an HIV cure.

Grantees from 2013, as well as grantees from 2012 received scholarships to attend IAS 2013. A pre-conference workshop provided grantees with an introduction to the field of HIV cure research by Nobel Prize Laureate and IAS President Françoise Barré-Sinoussi. The workshop was designed to give grantees an opportunity to share and discuss their projects. The pre-conference seminar was followed by training and networking sessions during the conference.

2013 Grantees

Matthew Callaghan, USA, Stanford University: Sampling and analysis of thoracic duct lymphocytes in HIV+ patients

Sara Gianella Weibel, USA, University of California, San Diego: Impact of CMV replication on the HIV-1 latent reservoir

Rik Gijssbers, Belgium, KU Leuven: Impact of integration site selection on HIV persistence

Nilu Goonetilleke, UK, University of Oxford: Development of a diagnostic T cell assay to confirm disruption of latent HIV-1 infection

Haishan Li, USA, University of Maryland: Targeting antiapoptotic signaling for eradication of HIV latent reservoir

JJ Miranda, USA, The J. David Gladstone Institutes: Bridges within the HIV-human host genome

Lishomwa Ndhlovu, USA, University of Hawaii: Targeting Tim-3 for elimination of HIV reservoirs

Jonah Sacha, USA, Oregon Health and Science University: Defining and eliminating the macrophage reservoir

Eileen Scully, USA, Ragon Institute for MHG, MIT and Harvard: Targeting NK cell activity to eradicate the HIV-1 reservoir

Ma Somsuk, USA, University of California, San Francisco: Gut barrier dysfunction and dysbiosis on HIV persistence and immune activation

Di Yu, Australia, Monash University: A super-agonistic antibody to human IL-21 to boost immunity for HIV cure



Françoise Barré-Sinoussi and Jack Whitescarver with CNIHR Grantees awarded at IAS 2013. © IAS/Marcus Rose/Workers' Photos

Fellowship Programme Encouraging Research on the Intersection of HIV and Drug Use

At IAS 2013, the International AIDS Society (IAS) and the U.S. National Institute on Drug Abuse announced the recipients of their fifth annual joint research fellowships encouraging HIV research related to drug use.

Four young researchers will each receive US\$75,000 to pursue research projects at a centre with a track record in HIV and drug use research. The training is tailored for each researcher, equipping them with essential skills needed to understand the HIV epidemic among drug users. Researchers work in collaboration with a highly experienced scientist in each centre, attending seminars and meetings, and participating in the work of the centre.

dynamic epidemic model and a quality of life cross-sectional survey; mentor Greg Zaric, University of Western Ontario, Canada

Bach Xuan Tran, Vietnam, Hanoi Medical University: Cost-effectiveness and willingness-to-pay for standalone, integrative and satellite models of dispensing methadone for the treatment of opioid dependence in Vietnam; mentor Carl Latkin, Johns Hopkins University, USA.

2013 Fellows

Francis Bajunirwe, Uganda, Mbarara University: Impact of alcohol consumption and other substances on response to antiretroviral treatment in rural Uganda; mentor David Bangsberg, Harvard Medical School, USA

Sin How Lim, Malaysia, University of Malaysia: Behavioural data collection using mobile health technologies: Concurrency of substance use and sexual risk behaviours among men who have sex with men (MSM) in Malaysia; mentor Frederick Altice, Yale University, USA

Anh Dam Tran, Vietnam, the University of New South Wales: Should the methadone maintenance treatment (MMT) eligibility criteria for drug users in Vietnam be less stringent? Impact of expanding MMT programme on drug use, health-related quality of life, and HIV transmission in Vietnam: A combination of a



Anh Dam Tran and Bach Xuan Tran, two of the IAS 2013 HIV and Drug Use Fellows with Françoise Barré-Sinoussi. © IAS/Marcus Rose/Workers' Photos

US\$ 1 million to support paediatric HIV research

Supported through an unrestricted grant from ViiV Healthcare's Paediatric Innovation Seed Fund, the **Collaborative Initiative for Paediatric HIV Education and Research (CIPHER)** awarded seven research grants in conjunction with IAS 2013 to address critical gaps in paediatric HIV research.

The purpose of the CIPHER Grant Programme is to fund research projects of early-stage investigators that have the potential to contribute to the optimization of diagnosis, prevention, treatment and care of infants, children and adolescents affected by HIV.

2013 Grantees

Paul Bangirana, Uganda, Makerere University: Does HIV subtype moderate ART effect neurocognitive functioning in children?

Dequ Dare, Ethiopia, Addis Ababa University: Antiretroviral treatment outcomes among adolescents living with HIV in Ethiopia

Rebecca Hodes, South Africa, University of Cape Town: Promoting adolescent antiretroviral adherence and sexual and reproductive health uptake in South Africa: How can health and social protection services collaborate programmatically with HIV-positive adolescents?

Steven Innes, South Africa, Stellenbosch University: Novel methods for detecting and minimizing chronic cardiovascular, metabolic, respiratory, renal and bone disease in HIV-infected children treated with antiretroviral therapy in Southern Africa

Atupele Kapito-Tembo, Malawi, University of Malawi College of Medicine: Pharmacovigilance of infants exposed to antiretroviral drugs given to HIV-infected mothers during breastfeeding

Matthew Kelly, United States, The Children's Hospital of Philadelphia: The effect of in utero exposure to HIV and antiretroviral therapy on the microbiology and outcomes of severe pneumonia

Nelleke Langerak, Netherlands, University of Cape Town: HIV encephalopathy: definition of the natural history, physical characteristics and imaging findings in a group of children with gait abnormalities ■



Françoise Barré-Sinoussi (presenting) with CIPHER Grantee Rebecca Hodes. © IAS/Marcus Rose/Workers' Photos

Scientific Prizes and Awards Honour Outstanding Research Presented at IAS 2013

Women, Girls and HIV Investigator Prize

The Women, Girls and HIV Investigator Prize is offered jointly by the IAS-Industry Liaison Forum and UNAIDS, and supported by the International Centre for Research on Women and the International Community of Women Living with HIV/AIDS.

The US\$2,000 prize is awarded to an investigator from a low-income or middle-income country whose abstract presented at IAS 2013 demonstrates excellence in research and/or practice that addresses women, girls and gender issues related to HIV.

This prize serves to highlight the challenges faced by women and girls in this epidemic and to encourage investigators from low- and middle-income countries to pursue research in this area.

Definate Nhamo, Zimbabwe: Factors associated with gender-based violence and unintended pregnancy among adolescent women living with HIV in Zimbabwe

IAS/ANRS Young Investigator Awards

The US\$2,000 IAS/ANRS Young Investigator Award is jointly funded by the IAS and the French National Agency for Research on AIDS and Viral Hepatitis (ANRS) to support young researchers who demonstrate innovation, originality, rationale and quality in the field of HIV and AIDS research.

To be eligible, the presenting author of an abstract accepted for presentation at IAS 2013 must be under 35 years of age. One prize is awarded in each of the four conference tracks, along with a Special HIV Cure Prize this year.

Kavidha Reddy, South Africa: IAS/ANRS Young Investigator Award – Track A, Basic Sciences: Association of APOBEC3G genetic variants with HIV-1 *vif* sequence variation and impact on HIV-1

Michael Schomaker, South Africa: IAS/ANRS Young Investigator Award - Track B, Clinical Sciences: When to start ART in children aged 2–5 years? Causal modeling analysis of IDeA southern Africa

Jennifer Smith, United Kingdom: IAS/ANRS Young Investigator Award – Track C, Prevention Sciences: Could misreporting of condom use explain the apparent association between injectable hormonal contraceptives and HIV acquisition risk?

Raluca Buzdugan, Romania: IAS/ANRS Young Investigator Award – Track D, Operations and Implementation Research: Feasibility of population-based cross-sectional surveys for estimating vertical HIV transmission: data from Zimbabwe

Lachlan Gray, Australia: IAS/ANRS Young Investigator Award - Special HIV Cure Prize: HIV-1 entry and *-trans-* infection in astrocytes: implications for cure and eradication



(left to right): IAS/ANRS Young Investigator Awardees Kavidha Reddy; Michael Schomaker; Jennifer Smith; Raluca Buzdugan; and Lachlan Gray with Françoise Barré-Sinoussi and Jean-François Delfraissy. © IAS/Marcus Rose/Workers' Photos

IAS TB/HIV Research Prize

The aim of the US\$2,000 IAS prize on TB/HIV research is to generate interest and stimulate research on basic, clinical and operations research in TB/HIV prevention, care and treatment.

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

James Houston, United States: Tuberculosis burden is a barrier to starting isoniazid preventive therapy in HIV-infected children enrolled in care. ■

Registration and Abstract Submissions for AIDS 2014 Opening Soon!

Members of the AIDS 2014 Conference Coordinating Committee met in May 2013 to discuss planning for the upcoming 20th International AIDS Conference (AIDS 2014) to be held in Melbourne, Australia, from 20 – 25 July 2014. Some 14,000 delegates, including more than 1,200 journalists representing over 200 countries are expected to gather in Australia. The conference will offer opportunities to engage with world leaders in the areas of science, community and leadership, provide access to new science and research findings, policy debates, and networking activities.

Registration and abstract submissions for AIDS 2014 open on 1 December 2013, along with exhibition, workshops, satellite, Global Village and Youth Programme applications. International and Media Scholarship applications will open on 5 December while Affiliated Independent Events applications are already open.

The Conference Scientific Programme will cover five tracks:

Track A: Basic and Translational Research

This Track focuses on research into the interaction between host and pathogen with the intent of informing novel approaches to HIV prevention, reduction in long-term morbidities, eradication and functional cure.

Track B: Clinical Research

This track focuses on the implementation of sustaining the long-term goals of HIV care, treatment and therapeutic prevention.

Track C: Epidemiology and Prevention Research

This track focuses on the dynamics of the HIV epidemic, and the design, implementation and evaluation of the impact of HIV prevention interventions and programmes. Track C will

also include discussions on ethical and human rights issues related to epidemiological and prevention research.

Track D: Social and Political Research, Law, Policy and Human Rights

This track focuses on research and analysis of social, political, legal and human rights factors influencing HIV prevention, treatment, care and support. It also focuses on evaluation of policies, programmes, services and other interventions impacting on social, political, legal and human rights environments and outcomes.

Track E: Implementation Research, Economics, Systems and Synergies with other Health and Development Sectors

This track focuses on the need to increase our understanding of how HIV prevention, treatment and care, can be effectively and efficiently offered in a manner that is accessible and acceptable to individuals, families, communities, and governments, and makes effective use of human, financial and other resources. Track E places HIV in the broader context of health systems and human development.



Melbourne Convention and Exhibition Centre (MCEC) © MCEC

Abstract Mentor Programme

The AIDS 2014 Abstract Mentor Programme offers young and/or less experienced abstract submitters the opportunity to ask for feedback from experienced abstract submitters. The programme is especially targeted at researchers from resource-limited settings who lack access to opportunities for rigorous mentoring in research and writing and for whom online distance education is proven to cost-effectively build research capacity. Mentors answer questions on practical issues such as formal requirements on abstract writing and on the quality of the data collected. The programme is completely independent of the abstract review and selection process.

The Abstract Mentor Programme is open from 18 November 2013 to 22 January 2014. For more information contact mentor@aids2014.org

AIDS 2014 Webinar Series

For the first time the IAS and its conference partners are offering a series of pre-conference webinars, an initiative aimed at strengthening the participation and engagement of young individuals, community, leaders and scientists. The webinars will provide timely updates related to AIDS 2014 and will cover a variety of capacity building topics. The webinars calendar is available here: <http://www.aids2014.org/webinars.aspx>

AIDS 2014 Theme Selected!

The HIV and AIDS field has seen a surge of optimism over the past few years with substantial gains made in cure and vaccine research, growing numbers of people receiving antiretroviral treatment, falling rates of HIV infection and more evidence on Treatment as Prevention. However, this progress has not been universal with some regions struggling to address their HIV epidemic among Key Affected Populations on a backdrop of ever increasing infections and difficulties in funding, implementation and political challenges.

Stepping up the Pace recognizes that we are at a critical time and we need to capture the optimism that has recently emerged and build on it to ensure that HIV remains on top of the global agenda.

Stepping up the Pace reminds us that we have to energize and revitalize our efforts to increase investments, collaborative research and political commitment. This can be done through controlled and coordinated action on all parts including significant programme scale-up in resource-limited settings, commitment to evidence-based interventions, and more effective and intensive interventions in "hotspots" where Key Affected Populations (KAPs) are being left behind. Crucially there is the need to involve KAPs and address the stigma and discrimination which they face, including punitive government policies.

Stepping up the Pace reflects the crucial opportunity that AIDS 2014 will provide for mobilizing stakeholders, joining forces and building on the present momentum necessary to change the course of the epidemic. ■



AIDS 2014

20th International AIDS Conference Melbourne, Australia July 20-25, 2014

STEPPING UP THE PACE

AIDS 2014 on Social Media

 www.facebook.com/InternationalAIDSConference

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 www.youtube.com/user/iasaidsconference



Professor Sharon Lewin, AIDS 2014 Local Co-Chair, at the AIDS 2012 Closing Session.
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Special issue: Perinatally HIV-infected adolescents.

<http://www.jiasociety.org/index.php/jias/pages/view/thematicadolescents>

The topics covered in this special issue are current in light of the scarcity of information available related to children with long-term exposure to HIV and multiple antiretrovirals as they transition to adolescence and further into adulthood.

Read our latest Review article:

Role and outcomes of community health workers in HIV care in sub-Saharan Africa: a systematic review. Grace W Mwai, Gitau Mburu, Kwasi Torpey, Peter Frost, Nathan Ford, Janet Seeley. <http://www.jiasociety.org/index.php/jias/article/view/18586>

Read our latest Research article:

Development of a rapid cell-fusion-based phenotypic HIV-1 tropism assay. Phairete Teeranaipong, Noriaki Hosoya, Ai Kawana-Tachikawa, Takeshi Fujii, Tomohiko Koibuchi, Hitomi Nakamura, Michiko Koga, Naoyuki Kondo, George F Gao, Hiroo Hoshino, Zene Matsuda, Aikichi Iwamoto. <http://www.jiasociety.org/index.php/jias/article/view/18723>

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Planning for the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015) Moves Ahead

After the announcement of the selection of Vancouver, B.C., Canada, as the host of the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2015), 19 – 22 July 2015, the IAS 2015 Conference Coordinating Committee met for the first time in July 2013 to start planning for the conference programme and activities.

IAS 2015 is organized by the IAS in partnership with the University of British Columbia (UBC) Division of AIDS, based at St. Paul's Hospital, Providence Health Care. The Division was created in 2007 to bring together, enhance and expand the research, training, service delivery and administration that have evolved over the last two decades within the UBC Department of Medicine and Providence Health Care.

Canada has a long history of leadership in HIV and AIDS, particularly in the implementation of prevention strategies and in research surrounding antiretroviral therapy. Vancouver is also running several harm reduction programmes and is home of Insite, the only supervised drug injection site in North America. IAS 2015 delegates can benefit from hearing successes and challenges specific to this country which has an evidence-based approach to HIV based on human rights and gender equality. In addition, IAS 2015 will take place in the final year of the Millennium Development Goals (MDGs) and will provide delegates with the opportunity to discuss what has been achieved so far and how far we have to go.

IAS members are encouraged to follow the conference developments and news at www.ias2015.org ■

IAS 2015 Chairs

Chris Beyrer, MD, MPH
International Chair

President-Elect, International AIDS Society
Professor, Department of Epidemiology
Bloomberg School of Public Health
The Johns Hopkins University
Baltimore, Maryland, United States

Julio Montaner, MD, FRCPC, FCCP
Local Co-Chair

Director, British Columbia Centre for
Excellence in HIV/AIDS
University of British Columbia
St. Paul's Hospital, Providence Health Care
Vancouver, B.C., Canada



Vancouver skyline. © Tourism Vancouver

Towards an HIV Cure

Visit the new Towards an HIV Cure webpage for news and articles on the Global Scientific Strategy www.towardsanhivcure.org

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The IAS Talks with Marina Klein

IAS Governing Council Member in Canada



Dr. Marina Klein is an Associate Professor of Medicine at McGill University, in Montreal, Quebec, Canada in the Division of Infectious Diseases/Chronic Viral Illnesses Unit.

She graduated from McGill Medical School in 1991 and received her training in Internal Medicine at the Royal Victoria Hospital in Montreal. She completed a research fellowship in Infectious Diseases at the University of Minnesota in 1998 and then returned to McGill University. Her clinical interests focus on the treatment of patients with HIV and chronic viral hepatitis. She received a Master's degree in Epidemiology and Biostatistics from McGill in 2003 and was an Associate of the Canadian HIV Trials Network (CTN). She is currently supported by a Chercheur National career award from the Fonds de recherche Santé Québec. She focuses her research on clinical and epidemiologic aspects of HIV and Hepatitis C (HCV) co-infection and leads a prospective cohort study of over 1,000 HIV-HCV co-infected patients to study the interaction of these chronic viral infections in a translational research programme.

Q: Dr. Klein, how do you see your role as an IAS Governing Council member in the United States and Canada?

As the only Canadian member of the IAS Governing Council, foremost, I see my role as a means of linking the Canadian IAS membership

with the broader North American and international membership. I see this as being bidirectional: bringing the ideas and needs of the Canadian research, treatment and advocacy communities to the broader IAS on the one hand, and keeping the Canadian community aware of IAS initiatives, activities and resources, on the other. Canada has many engaged researchers, clinicians and community members who have contributed broadly to the fight against HIV and to the IAS in the past. They have been active voices for expanding treatment to all HIV infected persons, for advocating novel approaches to prevention, for promoting research excellence and in spearheading Cure research. I hope to add my voice to those of my predecessors.

Q: Which of the IAS policy and advocacy priorities are most relevant for your region?

In many ways Canada is a microcosm of the global epidemic. Despite being a high income country, there are still many key affected populations that remain at high risk for HIV acquisition and which fail to access timely prevention, treatment and care. This is particularly the case for people who inject drugs and Aboriginal peoples who have

disproportionately borne the burden of new HIV infections recently. Harm reduction and prevention strategies still need to be expanded. Treatment access, both for HIV and, increasingly, for hepatitis C (HCV) (which affects 20% of Canadians living with HIV and nearly 80% of newly infected Aboriginals) will become a major challenge in our country if we do not address our own health disparities. I believe the IAS can play an important advocacy role at the regional level.

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

The IAS can enhance its presence in the regions by making itself more visible and heard outside its main Conferences. For example, I will work to build more formal links between the IAS and the Canadian Association for HIV Research and promote ways to link those wishing to develop policy and advocacy initiatives and promote research locally with appropriate resources in the secretariat. I encourage regional members to contact me to see how the IAS can work with them.

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

Becoming a member of the IAS opens the door to the only global network of HIV professionals. In doing so you become exposed to an amazing group of passionate and dedicated individuals who, despite varied backgrounds, have come together united in a common goal, to end HIV/AIDS. As a member of the IAS you will actively play your part in this mammoth effort. Collectively our voices are incredibly powerful. ■

A day in the life of...



Are you an IAS Member? Do you want to share your story?

How to take part

Write about a day in your life working on the frontline of the HIV epidemic and the innovative ways in which you work in HIV prevention, treatment and care. All we need is:

- Your name and job title
- The name of the institution/organization you are working for
 - What a typical work day is like (approx. 500 words)
- An electronic photo of yourself and, where possible, photos that illustrate your day to day work

Are you an IAS Member? Do you want to share your story?

- Send it to: memberservice@iasociety.org



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Regional Updates

IAS at USCA



As a programme partner, the IAS was again present at the annual United States Conference on AIDS (USCA), this year held in New Orleans from 8 to 11 September.

The IAS workshop, Social and Political Science Contributions to the Current HIV/AIDS Response, brought together international experts who explained the importance of gathering evidence on the social, structural, and political forces in the HIV pandemic. Moderated by Judith D. Auerbach (San Francisco AIDS Foundation / University of California), the workshop highlighted key issues in HIV-related social and political science. Topics included community engagement in science, presented by Kate MacQueen (FHI 360), in the context of cure research, presented by Michael Arnold (HIV/AIDS Network Coordination (HANC)), and issues of governance in the global AIDS response, presented by David Munar (AIDS Foundation of Chicago). Discussion was also held on the efforts to integrate social science into other

IAS priority areas, such as cure research, treatment as prevention, and key populations. Relationships between researchers, communities, and policy-makers were also addressed.

More information on USCA can be found at: <http://nmac.org/events/2013-u-s-conference-on-aids/>

IAS at EACS

The IAS was in Brussels, Belgium, for the 14th European AIDS Conference. IAS members and conference delegates met with IAS staff at the IAS booth where publications and information about conferences and activities were available.

More information on EACS can be found at: <http://www.eacs-conference2013.com/>



Momentum growing for ICAAP

Preparations are well on the way for the IAS's involvement in ICAAP11 which is being held in Bangkok, Thailand, 18-22 November 2013. A range of activities are being planned including:



- Symposium: *HIV Science Update: from KL to Bangkok*, Thursday 21 November, 15:45 - 17:15
- Satellite: *Human Rights and the Role of HIV Professionals*, Thursday, 21 November, 12:15 - 13:45
- Workshop: *How to write a research manuscript*, Wednesday 20 November, 17:00 - 20:00
- Satellite in collaboration with Asia Pacific Coalition on Male Sexual Health (APCOM): *Faith and Sexuality: A Dialogue with Faith-based Leaders*, Friday 22 November, 14:15 - 15:30.

In addition the IAS is organizing a pre-conference in collaboration with the Asia Pacific Coalition on Male Sexual Health (APCOM) on *Equity, Dignity, Social, Justice: Young men who have sex with men and transgender people and the HIV response in Asia and the Pacific*. This event will bring together 300 participants on 17 November 2013 at the Queen Sirikit National Convention Centre.

To register and for more information: <http://www.apcom.org/icaap11>

Also, keep an eye out in future IAS Member monthly e-Updates for the announcement of topics and times for 'Meet & Greet' sessions with IAS Governing Council members from Asia-Pacific at the IAS booth.

More information on ICAAP can be found at: <http://www.icaap11.org/index.html>

Welcome to Cape Town!



At the end of August IAS staff and Governing Council members were involved in the ICASA marathon meeting, which took place in Johannesburg, South Africa. This is a crucial meeting in the conference programme building process, where abstracts are selected and put together to create sessions. We are grateful to be given the opportunity to give input into this important conference.

The IAS will once again be present at the International Conference on AIDS and STIs in Africa (ICASA 2013), the 17th of the series being held in Cape Town, South Africa, 7-11 December 2013.

Along with the IAS booth, we will be organizing sessions and meetings throughout the conference week. More details to come in a future IAS Member monthly e-Update!

More information on ICASA can be found at: <http://www.icasa2013southafrica.org/>



IAS Booth at IAS 2013 © IAS/Marcus Rose/Workers' Photos

The IAS invites you to visit our website at www.iasociety.org or get in touch with us at: International AIDS Society HQ | Avenue de France 23, CH-1202, Geneva, Switzerland | Phone: +41-(0)22-7100 800 | Fax: +41-(0)22-7100 899 | Our email address is info@iasociety.org | We are looking forward to hearing from you.



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