The Search for a Cure—Why Now?

When amfAR announced a major new research initiative in February targeting a cure for HIV/AIDS (see story below), a question quickly arose: Hasn’t amfAR always been looking for a cure?

The short answer is no. Basic research in the early years of the epidemic was driven by the desperate need to develop treatments that could keep people alive. As that effort bore fruit, the focus shifted to a preventive vaccine—the new holy grail of AIDS research. Then in the late 1990s, amfAR was among the first to invest in the development of a preventive microbicide.

While amfAR has never lost sight of a cure as an ultimate goal, the scientific obstacles remain formidable. “So far there is no evidence that HIV can be cleared by drugs or the immune system, largely because the virus persists in reservoirs, contributing to the belief held by many, if not most AIDS researchers, that a cure for HIV infection is and may always be impossible,” wrote Dr. Rowena Johnston, amfAR’s vice president and director of research, in the July issue of *AIDS Research and Human Retroviruses*.

Skepticism among scientists about the feasibility of a cure is also rooted in the stunning success of highly active antiretroviral therapy (HAART). Its game-changing efficacy initially led some researchers to make rash predictions about the prospects for a cure. But as scientific roadblocks continued to confound their efforts, many scientists became reluctant to even mention the word.

For the last decade, however, amfAR has demonstrated a steadfast commitment to cure research. “Since 2002, we’ve invested about 40 percent of our research budget in 50 cure-focused research projects,” said amfAR CEO Kevin Robert Frost. This is in stark contrast to the federal government, which spent less than three percent of its total 2009 AIDS research budget for research in this area.

Leading Cure Researchers Win amfAR Funding

amfAR announced the first round of grants on May 11 for a consortium of leading researchers to develop strategies for eradicating HIV infection. The initial round of funding from the newly established amfAR Research Consortium on HIV Eradication (ARCHE) commits more than $1 million to four teams of biomedical researchers as part of a groundbreaking collaborative effort.

“amfAR has a long history of funding breakthrough research,” said amfAR CEO Kevin Robert Frost. “We believe that a collaborative research effort of this kind has the potential to dramatically accelerate the search for a cure.”

Following the grant announcement, ARCHE investigators gathered in amfAR’s New York offices on June 18 to discuss.

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Doing Business Differently

NATIONAL HIV/AIDS STRATEGY TAKES AIM AT STUBBORNLY HIGH RATES OF INFECTION

While the U.S. has made remarkable progress in its response to the global HIV/AIDS epidemic, some of the hardest hit communities at home have fallen by the wayside, and the number of new infections each year has remained unchanged. Following a campaign by amfAR and other advocates to put domestic AIDS back on the agenda, the White House unveiled the nation’s first comprehensive National HIV/AIDS Strategy in July.

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Out of the Darkness

We sometimes struggle to explain the nature of the recent sea change in AIDS research, which has made us more optimistic than ever before about our chances of finding a cure. Here’s one way to think about it.

For many years, AIDS research focused almost exclusively on trying to define the enemy—mapping out the way in which HIV invaded the human body and set about destroying the immune system. It was a little like shining a flashlight in the dark. What you’re able to see appears with great clarity. The trouble is, you’re never really sure how vast the darkness is.

The research progress we’ve made in the last few years has effectively switched on the lights. Now, at last, we can see where we’re going and chart a path forward. In fact, several potential pathways are laid out before us. What was deemed naïve and unrealistic—even unmentionable—just a few years ago is now within the realm of possibility.

In 2011, amfAR will commemorate its 25th year in the vanguard of the global response to HIV/AIDS. We’ve accomplished a great deal over the years and have much to be proud of.

A sea change in AIDS research has made us more optimistic than ever before about our chances of finding a cure.

The greatest tribute we can pay to Dr. Mathilde Krim, her fellow pioneers, and to all who have dedicated their lives and their resources to our cause is to redouble our efforts to find a cure. With your continued partnership and generous support, we will do precisely that.

Kevin Robert Frost
Chief Executive Officer

Study Offers Hope of New HIV Prevention Tool for Women

Releasing the results of a study that may help transform HIV prevention for women, South African researchers announced at the International AIDS Conference in July that they have found a vaginal microbicide that could cut the risk of infection in half for women who use it regularly. The microbical gel—which contains the commonly used antiretroviral drug tenofovir—reduced the chance of acquiring HIV by 39 percent overall among all women who received it, and by 54 percent in women who used it most regularly, compared with those who received a placebo.

Conducted by the Centre for the AIDS Program of Research in South Africa (CAPRISA), the two-and-a-half year study, the results of which were published in Science, included 889 women in two high-prevalence communities in South Africa. Participants were asked to use the gel within 12 hours before intercourse, and to use a second dose as soon as possible within 12 hours afterwards. Nearly all the women (more than 97 percent) found the gel acceptable to use and reported that they would use it in the future if it proved effective against HIV.

While this trial is only a first step—more studies need to be done to confirm the product’s safety and improve its effectiveness—it represents an important breakthrough in developing an HIV prevention method women can control. For the many women who are unable to negotiate mutual monogamy or condom use, such a method could prove to be a lifesaver. However, only a little more than half of the money needed to conduct follow-up research has been raised, a funding gap that may halt progress in this critical area.
Gene Therapy and the Potential for an HIV Cure

By Rowena Johnston, Ph.D.

Three years ago, an HIV patient in Berlin requiring treatment for leukemia received a stem cell transplant and the results changed the AIDS research world. Preparing for the procedure, his doctors searched for a donor who was not only a tissue match but also had a rare genetic mutation called CCR5 delta-32, which blocks HIV infection in almost all cases. Since the transplant, the patient has stopped taking antiretroviral therapy and no HIV has been detected in his body. He appears to be the only person ever cured of HIV.

Active attempts to replicate this procedure in other AIDS patients with leukemia have been unsuccessful, for several reasons. First, the likelihood of finding a donor who is a tissue match and also has the delta-32 mutation has recently been estimated to be approximately one in 10 million. In addition, the chemotherapy and irradiation needed to prepare a patient to accept stem cells from an unrelated donor are accompanied by a serious risk of death. But the case has spurred a renewed interest in the potential of gene therapy as a tool to cure HIV.

Scientists have been eager to discover ways to genetically modify a patient’s own cells to mimic the delta-32 mutation. This would obviate the need to find donors who naturally have the mutation, which only occurs in roughly 1.5 percent of Caucasians. It might also remove the need for risky high-dose chemotherapy and irradiation. Writing in the August issue of Nature Biotechnology, two members of amfAR’s Research Consortium on HIV/AIDS Eradication (ARCHE), Drs. Steven Deeks and Mike McCune of the University of California at San Francisco, explore the progress that has been made in this area and what remains to be learned.

Deeks and McCune highlight a finding published in the same issue of the journal from researchers in California who genetically modified human stem cells. The researchers designed an enzyme called a zinc-finger nuclease to specifically target and destroy in the test tube the CCR5 gene present in the cells, leading to a state resembling the delta-32 mutation. The cells were then infused into mice that had been rendered susceptible to HIV infection. When the mice were later challenged with HIV, they had lower levels of virus and maintained normal numbers of CD4+ T cells, the loss of which is a hallmark of AIDS.

As promising as these results were, many issues still need to be resolved. These mice were infected with HIV after the stem cell transplant, whereas humans would receive the transplant after HIV infection. Would the procedure still work under these conditions? If a patient received a transplant of cells depleted of CCR5, would the virus in their bodies be able to adjust and infect other susceptible cells in the body? Can sufficient numbers of cells be genetically modified to allow effective reconstitution of the immune system in the patient? Finally, is the procedure safe in the long term?

Despite these hurdles, “Now is not the time to stop” such research, concluded Deeks and McCune. “Antiretroviral drugs have intrinsic limitations that are unlikely to be surmounted,” they observe. “What is needed is a ‘game changer’ such as a cure for HIV infection.”

Dr. Johnston is amfAR’s vice president and director of research.

ARCHE FUNDING CONTINUED FROM PAGE 1

their research and explore ideas for future collaborations among the consortium members. As hoped, the meeting quickly showed the potential for synergy between different scientific teams.

ARCHE grantees include Dr. Robert Siliciano of Johns Hopkins University, who is focusing on the potential to eradicate HIV, collaborating with Dr. Janice Clements. The team hopes to identify drugs that are already approved for the treatment of other conditions that could be used in the context of HIV infection.

Dr. Sarah Palmer of the Swedish Institute for Infectious Disease Control and Karolinska Institutet aims to determine which cellular reservoirs are most responsible for the persistence of HIV and the extent to which these reservoirs could be disrupted by anti-HIV drugs. Dr. Palmer is collaborating with Dr. Frederick Hecht.

Dr. Joseph McCune of the University of California, San Francisco, collaborating with Dr. Steven Deeks, is examining the role of ongoing activation of the immune system—long suspected of playing a role in HIV disease—in the ability of HIV to persist for the lifetime of an infected patient. And Dr. John Zaia of the Beckman Research Institute of City of Hope, delving deeper into the circumstances of a leukemia patient in Berlin who appears to have been cured of HIV, is examining the possibility that cancer chemotherapy can perturb reservoirs of HIV.

“amfAR has a long and successful history of bringing people together to take on the big challenges of HIV/AIDS,” said Dr. Rowena Johnston, amfAR’s vice president and director of research. “We’re confident that this collaborative approach will create a synergy that produces results that exceed what can be generated in individual laboratories.”

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HIV Goes Gray

QUESTIONS EMERGE AS HIV-POSITIVE POPULATION GROWS OLDER

In the early years of the HIV/AIDS epidemic, most people living with the virus expected to survive only a few months or years after diagnosis. The advent of highly active antiretroviral therapy (HAART) in the mid-1990s offered new hope for an extended lifespan, contributing to a rise in the number of people over 50 living with HIV. It is now estimated that by 2015, half of all HIV-positive people in the U.S. will be 50 and older. This shifting demographic raises questions about the long-term effects of both the virus and its treatments, and highlights the need for prevention campaigns targeting older Americans, who represented more than 28 percent of new HIV infections in 2007.

amfAR’s vice president and director of research, Rowena Johnston, Ph.D., explored some of these issues in a presentation on the epidemiology of HIV and aging at an amfAR co-sponsored meeting held in July at the XVIII International AIDS Conference in Vienna. In addition to the success of HAART, she noted, several factors are contributing to the increase in HIV among Americans over 50. These include a rise in sexual activity within this population (partly attributable to the use of erectile dysfunction drugs) and a lack of awareness by doctors and patients about the risk of infection among older people. Dr. Johnston also noted that newly diagnosed older Americans are more likely to have AIDS at the time of their diagnosis, indicating that they are being identified late in the course of infection.

The long-term side effects of HAART have been the subject of several amfAR-funded studies by Dr. Steven Deeks of the University of California, San Francisco. Studying the risk of heart disease among HIV-positive patients, he and his colleagues found that certain risk factors for heart disease were strongly associated with HIV infection regardless of whether the infection was being treated, and that taking HAART was associated with additional risk. In their study of kidney disease, they concluded that HAART slowed the estimated loss of kidney function that often accompanies HIV infection, but that loss of function continued nonetheless. While the benefits of HAART still vastly outweigh the risks, these studies point to the need for more research on the long-term impact of the virus and its treatment.

Internationally, there has been little focus on HIV among people over 50—most U.N. reports track adults between the ages of 15 and 49—but data from some countries reveal an increase in new cases in this age group. In China, for example, 15 percent of new infections in 2009 were in people aged 50 and older, up from 1.6 percent in 2000.

“There is surprisingly little research information on living with HIV over the age of 50," said Dr. Johnston. "As the population of those living with the virus continues to age, it will be crucial to understand more about the long-term ramifications of infection and treatment.”

National HIV/AIDS Strategy

CONTINUED FROM PAGE 1

The strategy focuses on three key goals: reducing new infections, increasing access to care, and reducing HIV-related health disparities. By the end of this year, government agencies and HIV/AIDS service providers are required to have plans in place for implementing these goals and substantially improving HIV prevention, treatment, and care in the U.S.

The challenge presented by the National HIV/AIDS Strategy is to “change the way we do business,” according to amfAR’s vice president and director of public policy, Chris Collins. For many years, he explained, prevention efforts did not focus enough on groups at highest risk, including men who have sex with men (MSM), African Americans, and Latinos. “We need to allocate funding to the groups that need it most, but we also need to think about combining prevention strategies at a scale that will allow us to reach whole communities.”

When it comes to improving care for those living with HIV, Collins said, “Currently, we don’t have a system that links people to care effectively; we have a system that loses far too many people. Looking forward, everyone involved in HIV services, from giving HIV test results to prescribing treatment, should also be helping people stay linked to care and needed supportive services.”

Reducing the striking racial and economic disparities that characterize the U.S. epidemic will require going beyond HIV/AIDS to address the broader issues affecting hard-hit communities. “My biggest concern is that we’ll fool ourselves that this is just about AIDS. I think we need to stop talking about diseases and start talking about communities that are acutely affected by a range of health concerns,” Collins commented at a session on the U.S. National HIV/AIDS Strategy at the International AIDS Conference in July.

In the coming months, amfAR will continue its leadership on this issue by working with fellow advocates to develop recommendations for implementing the strategy’s goals.
For Cree Gordon, lack of knowledge about HIV wasn’t the problem. As a young MSM who was open about his sexuality at an early age, he knew the facts about transmission. But during a period when he was often homeless and doing sex work as a means of survival, he felt unable to negotiate condom use. “My basic needs were more important,” he explained. Like Brown, he now speaks publicly about his status in order to raise awareness of the epidemic among young people.

In 2006, more new HIV infections occurred among adolescents and adults aged 13–29 than any other age group. Young MSM, particularly those of color, have the highest risk of HIV among youth, representing 54 percent of all cases from 2004–2007 among people aged 13–24. African Americans are also disproportionately affected, representing 17 percent of the teenage population in the U.S., but 72 percent of HIV/AIDS cases in this age group. Females—who are biologically more susceptible to HIV during heterosexual contact, particularly when their reproductive systems are still developing—made up 31 percent of HIV cases among teenagers in 2007, and 23 percent of cases among people aged 20–24.

Widespread complacency about the epidemic and a dearth of comprehensive sex education have contributed to a growing number of young people living with HIV in the U.S., many of whom have no idea they are infected.

The complex biological and psychosocial factors driving the spread of HIV among young people require a multifaceted approach to prevention and treatment, according to public health experts, researchers, clinicians, and activists who gathered in Washington, D.C., on September 21 for an amfAR-sponsored Congressional briefing on HIV and youth. Heartfelt testimony from two young people infected with HIV in their late teens provided a glimpse into some of these driving forces.

Marvelyn Brown hadn’t heard much about HIV before she was diagnosed at the age of 19. She learned quickly, however, that the impact of the virus extended beyond the difficulties of taking numerous hard-to-swallow pills every day. Her best friend refused to see her after hearing her diagnosis, and her family refused to share dishes and utensils with her.

For Cree Gordon, the impact of the virus extended beyond the difficulties of taking numerous hard-to-swallow pills every day. "My basic needs were more important," he explained. Like Brown, he now speaks publicly about his status in order to raise awareness of the epidemic among young people. In 2006, more new HIV infections occurred among adolescents and adults aged 13–29 than any other age group. Young MSM, particularly those of color, have the highest risk of HIV among youth, representing 54 percent of all cases from 2004–2007 among people aged 13–24. African Americans are also disproportionately affected, representing 17 percent of the teenage population in the U.S., but 72 percent of HIV/AIDS cases in this age group. Females—who are biologically more susceptible to HIV during heterosexual contact, particularly when their reproductive systems are still developing—made up 31 percent of HIV cases among teenagers in 2007, and 23 percent of cases among people aged 20–24.

Reaching young people with prevention messages will require fresh and innovative approaches, said Donna Futterman, M.D., a physician and researcher who works with young MSM of color in New York City. "We need to remember that every five years it’s a new generation of young people," she said.

Moderated by amfAR’s senior medical and policy advisor, Susan Blumenthal, M.D., M.P.A., former U.S. assistant surgeon general, the panelists included Jeffrey Crowley, M.P.H., director of the White House Office of National AIDS Policy, who discussed how the new national HIV/AIDS strategy will address HIV among youth; and Kevin Fenton, M.D., director of the Centers for Disease Control and Prevention’s National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, who offered an overview of the scope and impact of HIV/AIDS among young people.

"Every hour, two young people become infected," said Dr. Blumenthal. "That’s why we’re here today, to mobilize all sectors of society to make the investments that are needed in research and to involve our communities in addressing the issues surrounding youth and HIV/AIDS. Our goal: an HIV-free generation in the future.”

Coinciding with the briefing, amfAR released a new issue brief, Youth and HIV/AIDS in the United States: Challenges and Opportunities for Prevention.
Red Ribbon Awards Go to MSM Initiative Grantees

Two amfAR-funded organizations providing HIV services to men who have sex with men (MSM) received the U.N.’s prestigious Red Ribbon Award on July 21 for their outstanding work in reducing the spread of HIV/AIDS. The two groups, Colectivo SerGay de Aguascalientes of Mexico and the Penitentiary Initiative, based in Nikolaev, Ukraine, were honored at an awards ceremony in Vienna during the XVIII International AIDS Conference.

The Penitentiary Initiative, which received community awards from amfAR’s MSM Initiative in 2009 and 2010, was honored for its groundbreaking HIV prevention, treatment, and outreach work in Ukraine’s prisons. The group has used its MSM Initiative awards to provide HIV prevention and psychosocial support for MSM prisoners, who are regarded as outcasts within the prison subculture and are particularly vulnerable to HIV. To change prison attitudes toward MSM and improve HIV prevention efforts, the project also provides training for prison staff, and has developed materials on MSM and HIV that may soon be adopted nationally.

Mexico’s Colectivo SerGay de Aguascalientes works to reduce stigma, discrimination, and homophobia and to raise awareness of HIV among MSM and other sexual minorities. It is using its 2010 MSM Initiative community award to engage peer educators to conduct outreach among MSM and transgender people, and to offer peer counseling, HIV testing, and other services. In addition, it has established an LGBT community center to provide a safe space for community members to socialize and receive counseling and other services.

The Red Ribbon Award, presented every two years at the International AIDS Conference, is a joint UNAIDS effort to recognize community-based organizations for their leadership in the fight against HIV/AIDS. The 2010 winners—25 community groups from 17 countries—were selected from among 720 organizations in more than 100 countries that were nominated to receive this honor. To read more about the award winners, visit www.redribbonaward.org.

Several factors have led to a significant shift in thinking over the last two years. First, it’s increasingly clear that the economics of treatment just don’t add up. Even with a monumental international effort to expand access to treatment, at the end of 2008 only 42 percent of those in need were receiving it. Moreover, HIV/AIDS funding continues to fall short of the need; in 2009, a total of $23.6 billion was needed to meet prevention and treatment goals, but only $15.9 billion was available. The total investments required for 2010 were estimated at $25.1 billion. And for every person put on treatment, two to three more are infected with HIV.

Meanwhile, scientific advances have created a groundswell of optimism about a cure. In part, this stems from a report in February 2009 involving an HIV-positive American living in Berlin, now dubbed the Berlin patient, who was diagnosed with acute leukemia. To treat the cancer, he received a stem cell transplant, but his doctors took an extra step, finding a donor with a genetic mutation known as CCR5 delta-32, which makes individuals highly resistant to HIV infection. By transplanting cells from the donor, doctors hoped that they might also eradicate the patient’s HIV infection.

After almost three years, the Berlin patient continues to show no detectable signs of HIV. At the very least he represents a functional cure. But the complexity, risk, and expense of the procedure render it impractical, and the chance of replicating it was recently estimated to be approximately one in 10 million, according to Dr. Johnston. Still, this breakthrough case opens the door to further research that could yield key answers.

Since 2002, amfAR has invested 40 percent of its research budget in cure-focused research — in stark contrast to the federal government, which spent less than three percent of its 2009 AIDS research budget in this area.

Search for a Cure CONTINUED FROM PAGE 1

Speaking at the 2010 Conference on Retroviruses and Opportunistic Infections, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, embraced
New MSM Awards Strengthen Community Projects in the Caribbean and Eastern Europe

For many grassroots HIV/AIDS organizations, funding often runs out just as projects are beginning to show promising results. This year, amfAR’s MSM Initiative worked to close this gap by providing second-year funding to a number of its grantees in the Caribbean, Eastern Europe, and Central Asia, who are scaling up their efforts to prevent the spread of the virus and reduce the homophobia that fuels the epidemic. In addition, several other groups in these regions received first-time support for innovative outreach and advocacy programs aimed at men who have sex with men (MSM).

In the Caribbean, amfAR awarded funding to seven groups in Belize, the Dominican Republic, Guyana, Haiti (two), Jamaica, and Trinidad and Tobago. Six of the groups have received amfAR funding before, including Society Against Sexual Orientation Discrimination, based in Georgetown, Guyana, which is using its second MSM Initiative award for three projects: HIV outreach and community-building for deaf MSM, efforts to change laws that discriminate against transgender people (see sidebar), and support for HIV-positive MSM. In addition, amfAR provided support to two Haitian groups working to reduce HIV risk among MSM by fighting homophobia and stigma, and assist MSM displaced by the January 2010 earthquake.

In Eastern Europe and Central Asia, seven awards were made to grassroots organizations in Armenia, Kyrgyzstan, Russia (two), Serbia, Tajikistan, and Ukraine. Three groups are scaling up projects initially supported by amfAR in 2009, including the Penitentiary Initiative in Nikolaev, Ukraine, which received the U.N.’s prestigious Red Ribbon Award earlier this year for its HIV work in prisons (see page 6). New projects include training in MSM-specific HIV/AIDS services for healthcare providers and peer educators in Yerevan, Armenia, and a study of HIV-risk-taking behavior among MSM in Belgrade, Serbia.

“Both in the Caribbean and in Eastern Europe/Central Asia, communities face immense challenges in reducing HIV rates among MSM due to state-sponsored homophobia,” said Kent Klindera, director of the MSM Initiative. “amfAR’s MSM Initiative is shining a light on these human rights abuses though its support of community-led programming.”

A full list of 2010 MSM Initiative Awards is available at www.amfar.org/msm.

the possibility of a cure and the need to actively pursue one. “I feel strongly that this is a direction we should go,” he said, “even though years ago this would have been unimaginable.”

“There are clearly many scientific issues that need to be addressed before a cure for HIV infection is likely, and few on which there is universal consensus,” wrote Dr. Johnston in AIDS Research and Human Retroviruses. “But these are all amenable to research, and may benefit from a collective effort involving the productive collaboration of a number of research groups with different perspectives and skill sets….The effort will surely necessitate a willingness to cast aside self-defeating notions of the impossibility of the task and to replace those with creativity and perseverance.”

Fighting HIV in Court

With support from amfAR’s MSM Initiative, the Guyanese organization Society Against Sexual Orientation Discrimination (SASOD) is working to strike down discriminatory laws that place transgender people at risk for HIV infection. “amfAR supports a broad range of work, which many other donors are unwilling to support,” said Joel Simpson, SASOD’s founder and co-chair, in a recent interview with amfAR. To read the full interview, visit www.amfar.org/msm.

(Photo: SASOD)
Drawing from Life to Explain HIV/AIDS

Successful HIV/AIDS prevention, treatment, and care depend on how effectively facts about this immensely complex disease can be communicated. For treatment educators and counselors in Asia, the task can be particularly daunting in low-literacy communities.

Discouraged by the dense explanations and complicated terminology of most treatment literacy materials, Jennifer Ho, community program manager of amfAR’s TREAT Asia program, decided a few years ago to try another approach. Visual storytelling, she reasoned, could help make HIV/AIDS treatment less intimidating and confusing. “I thought, why not give treatment educators a tool that is entirely visual?,” she remembered.

The result is a groundbreaking educational flipchart—widely distributed in China, Cambodia, Indonesia, and Vietnam—which uses simple vivid images drawn from everyday life to help explain HIV/AIDS. To describe how HIV attacks the body’s immune system, for instance, the chart depicts a garden with a secure fence, which is damaged by termites (HIV), thereby allowing pigs and chickens (opportunistic infections) to invade and destroy the garden.

Saban Prak works with HIV-positive women in Phnom Penh and regularly uses the Cambodian version of the flipchart to explain treatment issues. “As an HIV educator, the most difficult things for our clients are the names of antiretrovirals. They are illiterate so they can’t write them down—they have to remember,” she said. “The flipchart makes it simpler by using pictures.”

By distilling complicated information about HIV and its treatment into accessible images and situations, the interactive booklet also helps strengthen the connection between treatment educators and their clients. For each illustration in the booklet, educators are offered instructions in their own language for using the image to explain an aspect of HIV—an interactive structure that encourages cross-communication.

Originally developed in a collaboration between TREAT Asia and treatment educators at AIDS Care China, the booklet’s images have been modified and its text translated for each additional country to reflect different cultural contexts. The Chinese edition explains the stages of HIV infection by showing a woman shopping in the market, for instance, while the Cambodian version, which is aimed at rural communities, situates her in the field with a water buffalo.

The HIV treatment flipchart is now considered a key training tool for counselors in each country, and hundreds of copies can be found in clinics and hospitals. In China, where the booklet has been in use since 2005, at least 20 AIDS Care China sites employ it regularly, reaching more than 6,000 patients. Three hundred copies of the Vietnamese edition, which was revised in 2008 with the help of World Concern Vietnam, are used at approximately 55 sites around the country. A similar number of sites regularly use the Khmer version, which was revised and distributed in 2009 with the help of the Cambodian Community of Women Living with HIV. And in Indonesia, the PITA Foundation finished revising the Bahasa Indonesia version in 2009 and 50 copies are in use by clinics and counselors in the central Jakarta area.
HIV-positive children consistently face greater disadvantages than adults when it comes to antiretroviral therapy (ART). Relatively few ART regimens are available that can be dosed and delivered to children and that are safe for growing and developing bodies. Among children under care at pediatric sites affiliated with amfAR’s TREAT Asia program, approximately 15 percent have seen their first-line ART regimens fail.

With the aim of improving access to higher quality healthcare for HIV-positive infants and children in Asia, TREAT Asia and ViiV Healthcare have established a two-year initiative. Building on the efforts of the TREAT Asia Pediatric Network, the initiative will help develop strategies to support lifelong pediatric care and generate clinical evidence to inform global treatment guidelines.

The partnership between ViiV and TREAT Asia, announced in June, addresses critical gaps in current HIV/AIDS care and treatment programs among infants and children. Research, provider education, and advocacy programs supported by ViiV will focus on treatment failure, drug resistance, and optimizing pediatric ART.

“We believe that TREAT Asia, with its extensive infrastructure, relationships, and expertise across the region, is an ideal partner to undertake this critical research, which we hope will not only enhance our understanding of HIV in children but could be used much more broadly,” said Dr. Dominique Limet, CEO of ViiV Healthcare.

A major part of the initiative will be to develop medical education programs built on the clinical experience and research being done by TREAT Asia’s network of pediatric HIV providers so that they can train other primary- and provincial-level clinicians in their countries.

An Artist’s Legacy

When Trudi Frank fled Nazi Germany with her family in the late 1930s, she could not have foreseen the distinguished career she would go on to enjoy in America. Nor could she have foreseen the loss, much later in life, of so many friends to AIDS.

Once established in the U.S., Trudi’s interest in art flourished and she studied under William Stanton Wright at UCLA and Dong Kingman at Columbia. In New York, where she married Rudi Frank, she first worked as a fashion illustrator for major department stores. During a subsequent career of more than 50 years, her artwork was featured in numerous solo and group exhibitions in the U.S. and abroad. Her watercolors are now held in major corporate, public, and private collections.

At the age of 80, Trudi Frank died in Positano, Italy, where a show of her artwork was taking place. amfAR was named as the beneficiary of a significant portion of her estate. Under her will, amfAR and the Hospital for Special Surgery shared the proceeds of her Manhattan co-op, various investments, and a collection of art.

A Trudi Frank Memorial Research Grant has been named in her honor.

“Gifts both large and small from hundreds of estates and related trusts have been an invaluable source of support for amfAR’s work,” said amfAR CEO Kevin Robert Frost. “We’re deeply grateful to Trudi Frank and to all whose generous legacies have made our work possible.”

For more information on planned giving options, e-mail john.logan@amfar.org or visit www.amfar.org/donate.
Inspiration: New York and Paris

amfAR launched its new Inspiration event series with a gala celebration of men’s fashion at the New York Public Library on June 3, featuring a runway show inspired by the theme “Black Tie/Black Leather.” A second event was held in Paris at Maxim’s on June 25. Inspiration is produced by Josh Wood Productions.

Special thanks: Piaget, M•A•C Cosmetics, B&B Italia, Jeff Leatham, Jean-Paul Gaultier Parfums, Lovely Surprise, Wilhelmina Models
(Photos: Andrew Walker, Yves Forestier, and Joe Kohen/WireImage)

Bucks County Cabaret

The sixth annual Bucks County Cabaret, held September 25 in Pipersville, PA, raised more than $100,000 for amfAR.

(Photos: Tom Zuback)

Kiehl’s LifeRide for amfAR

Kiehl’s Since 1851, a longtime amfAR supporter, sponsored a six-day motorcycle ride up the California coast to raise awareness and funds for amfAR’s research programs. The August 2–7 ride raised $85,000 for amfAR. Kiehl’s president, Chris Salgardo (shown with Battlestar Galactica stars Tricia Helfer and Katee Sackhoff), led the ride with motorcycle racer Alain de Cadenet.

Whoopi Goldberg hosted the amfAR Gala and represented amfAR at the Life Ball celebration.
amfAR's 17th annual Cinema Against AIDS event, held May 20 in Antibes, France, raised an impressive $6.7 million for the Foundation’s innovative research programs.

Special thanks: Bold Films,Palisades Tartan, The Weinstein Company, Chopard, Audi, HP
(Photos: Pascal Le Segretain/Getty Images, John Shearer/WireImage, and Tony Barson/WireImage)

amfAR Milano

The second annual amfAR Milano benefit, held on September 27 in conjunction with Milan Fashion Week, raised $1 million for amfAR. The black-tie gala and live auction drew a galaxy of Italian stars and some of the most influential names in the international fashion community.

Special thanks: BMW/MINI, Vanity Fair, Westin Palace Milano
(Photos: Daniele Venturelli/WireImage)

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(Photos: Pascal Le Segretain/Getty Images, John Shearer/WireImage, and Tony Barson/WireImage)

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For the second year in a row, amfAR is co-sponsoring the global Light for Rights campaign to mark World AIDS Day, December 1. Events will include a ceremony at New York’s Washington Square Park at which the lights on the Memorial Arch will be extinguished, then restored. amfAR will also participate in ringing the bell at the New York Stock Exchange on November 30.

A holiday gift to amfAR in honor of a friend or family member is a wonderful way to celebrate the special people in your life—and GIVE THE GIFT OF HOPE to the millions of men, women, and children living with HIV/AIDS. Help amfAR accelerate the search for a cure.

www.amfar.org/tribute

For more information, visit www.amfar.org