In November, amfAR brought together leading scientists, advocates, journalists, and one extraordinary “patient” to discuss the holy grail of AIDS research: a cure. The symposium, titled “Making AIDS History: Closing in on a Cure,” featured a conversation between Timothy Brown, “The Berlin Patient,” who is recognized internationally as the first and only documented case of a person being cured of HIV, George Stephanopoulos of ABC News, and Jeffrey Laurence, M.D., senior scientific consultant for programs at amfAR.

In 2006, while on treatment for HIV, Mr. Brown was diagnosed with leukemia, and his physician, Dr. Gero Hütter, had the cutting-edge idea of treating his leukemia with a stem cell transplant from a person who was born immune to HIV infection. Following the transplant, Mr. Brown was able to stop HIV treatment without experiencing a return of his HIV disease. His case provides the first proof of concept for a cure for HIV and has been the impetus for

CONTINUED ON PAGE 5

amfAR CEO Kevin Robert Frost and Timothy Brown, “the Berlin Patient”

President Obama’s Big Pledge
WORLD AIDS DAY SPEECH SHOWS A BOLD COMMITMENT TO BEGIN TO END THE AIDS EPIDEMIC AT HOME AND ABROAD

On December 1, World AIDS Day, President Barack Obama renewed the U.S. government’s commitment to ending the AIDS pandemic. Acknowledging new research that has shown that treatment can act as prevention, the President announced that his administration would help deliver antiretroviral drugs (ARVs) to six million people—up from four million today—around the world by the end of 2013. He would also provide ARVs to 1.5 million HIV-positive pregnant women to begin to halt vertical transmission (from mother to child) of the virus.

The President pledged $50 million in additional funding to help curb the spread of HIV/AIDS in the U.S. by allocating funds to pay for ARVs for people living with HIV, as well as funneling dollars to clinics in areas where HIV rates have increased.

The President called on other countries to step up their commitments. “Countries that have committed to the Global Fund need to give the money that they promised,” said President

CONTINUED ON PAGE 2

The President gave his remarks at the George Washington University in Washington, D.C., at a World AIDS Day event that also featured former Presidents George W. Bush and Bill Clinton, Alicia Keys, and Bono.
Moments of Truth

In July, the United States will host the International AIDS Conference for the first time in 22 years. In signing the legislation that overturned a longstanding ban on HIV-positive visitors to the U.S., President Obama made this historic event possible.

The conference will set the stage for the momentous choice that confronts us as a global community. We can choose to capitalize on the momentum we’ve built through research progress of the last few years, finding the political will and the resources necessary to bring the AIDS epidemic to an end. Or we can let that momentum wither on the vine, resigning ourselves to a half-hearted, drawn-out struggle against AIDS for generations to come.

To pay tribute to the spirit of collaboration that has characterized amfAR’s approach to AIDS research and advocacy since our founding in 1985, we will co-host a benefit event on the eve of the conference titled “Together to End AIDS.” We will honor Bill Gates, a true champion of global health, with amfAR’s Award of Courage. And we will very publicly affirm our commitment to doing everything in our power to end the epidemic.

In November, we as a nation will face another momentous choice with far-reaching consequences. Will we vote for U.S. leaders who will throw their weight behind the National AIDS Strategy, providing the resources necessary for it to succeed? Leaders who believe that investments in global health are wise investments that serve our humanitarian, diplomatic, and security interests? Who are committed to a health care system that gives every American access to health care? And who understand that government has a critically important role to play in biomedical research?

The consequences of our choices will ripple out long into the future. And they will determine whether or not we can make AIDS a thing of the past.

Kevin Robert Frost
Chief Executive Officer

Obama’s Big Pledge CONTINUED FROM PAGE 1

Obama. “Countries that haven’t made a pledge need to do so. That includes countries that in the past might have been recipients, but now are in a position to step up as major donors.”

“The President’s speech could be pivotal, but only if it is followed by changes in how we tackle global AIDS,” said amfAR Vice President and Director of Public Policy Chris Collins. “Now it’s time to plot a course for implementing the President’s vision. We need to act quickly to take advantage of reinvigorated leadership, aligning resources for tangible impact.”

Proposed budget disappoints

Many in the AIDS community were both surprised and deeply disappointed when this encouraging World AIDS Day address was followed in February by a proposed FY2013 budget in which the White House would slash global AIDS funding.

While the Administration’s three-year pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria would stay on track, the budget proposal calls for a nearly 11 percent reduction (more than half a billion dollars) in bilateral HIV/AIDS funding for the President’s Emergency Plan for AIDS Relief (PEPFAR). Lifesaving HIV/AIDS research at the National Institutes of Health (NIH) would be flat-funded. On the plus side, the budget would restore language allowing the use of federal funds for syringe exchange programs.

“We’re pleased the Administration is keeping its Global Fund pledge, as well as following the science by allowing use of federal funds for syringe exchange programs,” said amfAR CEO Kevin Robert Frost. “However, we remain concerned about the dramatic cut in PEPFAR funding, especially on the heels of President Obama’s pledge to create an ‘AIDS-free generation.’ We will only succeed in our quest to end AIDS if we make the proper investments and find the political will to do it.”
Ban on Federal Funding for Syringe Exchange Reinstated

“AN ANTI-SCIENCE, ANTI-PUBLIC HEALTH ACTION”

In December 2009, after a 20-year fight, amfAR applauded Congress for lifting the ban on federal funding for syringe exchange programs. “We’re thrilled that Congress has taken this crucial step to promote effective, evidence-based HIV prevention policy,” amfAR CEO Kevin Robert Frost said at the time.

But just two years later, the 2012 spending bill passed by Congress has restored the ban on the use of federal funds for syringe exchange programs.

The omnibus spending bill reinstates the ban on domestic programs funded through the Department of Health and Human Services, as well as global health programs supported by the United States, despite scientific consensus on the validity of these programs. The spending bill will allow Washington, D.C., to use its own funds for syringe exchange.

These syringe exchange programs are a highly cost-effective public health intervention that reduces HIV transmission without increasing the use of illicit drugs. They also help connect people to HIV and substance abuse prevention and care services, and are critical in preventing the spread of other blood-borne diseases such as hepatitis C.

“Reinstatement of the ban on federal funding for syringe exchange is an anti-science, anti-public health action that undermines our country’s efforts to fight AIDS at home and abroad,” said Chris Collins, amfAR’s vice president and director of public policy. “We can begin to end the AIDS epidemic, but that opportunity will be squandered if we turn away from what the evidence tells us works to save lives and prevent infection.”

amfAR to Honor Bill Gates

WASHINGTON, D.C., BENEFIT TO BE HELD ON EVE OF INTERNATIONAL AIDS CONFERENCE

At an event to be held on the eve of the 19th International AIDS Conference in Washington, D.C., amfAR will honor Bill Gates for his visionary leadership on global health and HIV/AIDS. Mr. Gates will be presented with amfAR’s Award of Courage at Together to End AIDS, a benefit event on July 21 that will bring together leaders in government, business, civil society, public health, research, and the arts for a cocktail reception, festive gala dinner, and world-class entertainment.

Together to End AIDS will be jointly hosted by amfAR and GBCHealth, a coalition of more than 200 member companies and organizations committed to investing their resources to making a healthier world. The event will pay tribute to the spirit of collaboration that has underpinned our progress in the fight against AIDS and is essential for bringing the epidemic to an end.

A historic gathering

More than 20,000 people from nearly 200 countries will come together for the International AIDS Conference, July 22–27. With President Obama’s 2009 lifting of the nation’s entry restrictions on people living with HIV, this will be the first International AIDS Conference to be held in the United States in 22 years.

The biennial conference enables researchers, advocates, healthcare workers, public health officials, people living with HIV, and others involved in the AIDS response to share knowledge and research findings, discuss what works and what doesn’t, and collectively chart a way forward. The 2,000 journalists expected to attend will shine a much-needed global spotlight on HIV in an era of complacency and donor fatigue.

The conference will be preceded by a two-day symposium on HIV cure research co-chaired by Nobel prize-winning scientist Dr. Françoise Barré-Sinoussi and Dr. Steven Deeks of the University of California, San Francisco. Dr. Deeks is an amfAR grantee and a member of the Foundation’s consortium on HIV eradication (ARCHE).
In two new rounds of research grants and fellowships, amfAR has awarded $3.1 million to support the work of 21 leading AIDS researchers around the world. Thirteen awards, worth up to $125,000 each, were announced in November 2011. Many of the grantees are exploring new methods of detection and elimination of latent reservoirs of HIV-infected cells.

For example, Dr. Rémi Fromentin of the Vaccine and Gene Therapy Institute in Port St Lucie, Florida, working under the guidance of former amfAR grantee Dr. Nicolas Chomont, is developing techniques to test potential HIV cures in a test-tube model. Dr. Richard Fox of the University of Washington is using a newly developed laser dissection technique to examine single infected cells to help determine exactly where and how HIV hides in the body. And Dr. Douglas Nixon of the University of California, San Francisco, is examining possible pathways to a cure by targeting ancient retroviruses existing in stretches of DNA that are millions of years old but are still present in the human genome.

In February, amfAR announced four additional cure-focused awards of $250,000 each, including one in support of a project led by Nobel laureate Dr. David Baltimore of the California Institute of Technology. Dr. Baltimore was awarded the 1975 Nobel Prize for Physiology or Medicine for his discovery of reverse transcriptase, which enabled the development of reverse transcriptase inhibitors—drugs that form the cornerstone of HIV treatment today. Today, Dr. Baltimore seeks to address an enduring controversy in the field of HIV cure research: whether, and how, HIV continues to replicate even when a patient has an undetectable viral load. The answer to this question will fundamentally determine which processes and parts of the anatomy must be targeted to cure HIV infection.

“At amfAR, we’re increasingly excited about the work that emerges from the cure-focused studies we fund, which is why we’re now spending 60 percent of our research grant dollars on cure research,” says amfAR CEO Kevin Robert Frost. “As we keep uncovering new information about the virus, we’re increasingly confident that we will be able to find a cure for HIV/AIDS in our lifetime.”

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"Vigorous, informed, creative research"

“There’s still so much we don’t know about HIV, but I’m increasingly impressed with how much we can learn about the virus through vigorous, informed, and creative research projects in such a short amount of time," said amfAR’s vice president and director of research, Dr. Rowena Johnston. “I’m excited about each of these projects not only because they’re seeking answers through so many different means, but because each one will better our cumulative understanding of how to cure HIV.”

Also in November, amfAR announced its fifth round of Mathilde Krim Fellowships in Basic Biomedical Research, designed to identify, fund, and promote promising young researchers. The four fellowship recipients will each receive $125,000 for their research projects. “These young scientists represent the future of HIV/AIDS research and are helping to accelerate the pace of research through their creative, innovative projects and fresh way of approaching the virus," Johnston said.

Dr. David Baltimore of Caltech is trying to discover whether, and how, HIV continues to replicate even when a patient has an undetectable viral load.

Nobelist among new grantees

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Fresh New Look for amfar.org!

Check out the vibrant new face of www.amfar.org! We’ve overhauled our website to make it more visually engaging and easier to find the information you need. You’ll find a lot more audiovisual content and an improved interface with Facebook and Twitter so that you can share stories with friends and family. Visit amfar.org today and tell us what you think by emailing info@amfar.org. We value your feedback.
Closing in on a Cure
CONTINUED FROM PAGE 1

Ms. Hofmann shared the stage with Daria Hazuda, Ph.D., of Merck Research Labs; Keith Jerome, M.D., Ph.D., of the University of Washington; and Martin Markowitz, M.D., of the Aaron Diamond Research Center in a panel discussion on the latest advances in research and the challenges that stand in the way of a cure. The panel was moderated by Mark Schoofs, the Pulitzer Prize-winning journalist who wrote the first news story about Timothy Brown for The Wall Street Journal in November 2008.

The symposium, held in New York City and generously underwritten by Hublot and the Mandarin Oriental, New York, also featured a presentation by Carl W. Dieffenbach, Ph.D., director of the Division of AIDS at the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, on the enormous progress that’s been made in 30 years of AIDS research.

“The fact that we are here today is a measure of the tremendous advances we’ve made in our understanding of HIV over the last three decades,” said amfAR Chairman Kenneth Cole, who acknowledged the pioneering leadership of amfAR Founding Chairman Dr. Mathilde Krim and Founding International Chairman, the late Dame Elizabeth Taylor. “And it’s an affirmation of amfAR’s unshakeable belief in scientific solutions to AIDS.”

Wrapping up the symposium, amfAR CEO Kevin Robert Frost set out amfAR’s vision for bringing the AIDS epidemic to an end. He spoke of the Foundation’s pursuit of a cure when others doubted it was possible and emphasized the need for collaboration and support for every good research idea. “The most effective way you can influence the course of this epidemic is to make an investment in amfAR,” he said. “By doing this, by doing what we do, by funding this group of scientists and so many more who are on the forefront of this epidemic, that’s the way that together we will ultimately make AIDS history.”

See videos and photos from the symposium at www.amfar.org/inthelab.html.

(Photos: Kevin Tachman)

Designer Proteins, Genetic Surgery

“Our group is focusing on gene therapy approaches to HIV. We’re trying to develop a very specific and efficient set of tools that will allow us to perform genetic surgery, so we can take out things like the CCR5 receptor, modify stem cells and T-cells to make them resistant, and maybe someday in the future go into the body and root out the HIV itself.

This is what keeps us in the lab every day and excited. We want to do this in our lifetimes. We understand that there are people that are infected now who are looking for therapy. We’re trying to do this as responsibly and as quickly as we possibly can.”

—Keith Jerome, Ph.D.
Fred Hutchinson Cancer Research Center
University of Washington
“Empowering Themselves”

amfAR FUNDS 19 NEW HIV-RELATED PROJECTS SERVING MSM AND TRANSGENDER POPULATIONS

amfAR has announced new rounds of community awards in Latin America and Africa in support of front-line groups working with gay men, other men who have sex with men (MSM), and transgender populations. The 19 new awards, totaling more than $325,000, will provide funding for HIV/AIDS awareness, prevention, testing, and treatment services.

In low- and middle-income countries, MSM are 19 times more likely to be living with HIV than people in the general population, and they represent an estimated 10 percent of new infections each year. Yet for decades the epidemic among MSM has been officially ignored by many governments, donors, and whole societies. With few exceptions, MSM are marginalized by national HIV programs and plagued by discrimination, hostility, violence, and state-sanctioned homophobia.

“We’re thrilled to work with a great group of frontline organizations that are doing vital work in these two regions,” said MSM Initiative Director Kent Klindera. “It’s extremely difficult—and often dangerous—to conduct this kind of work in many parts of Latin America and Africa, and their work is vital to curbing the spread of HIV/AIDS. By focusing on their local MSM and transgender communities, these groups are empowering themselves."

Funded projects in Latin America include a direct service intervention aiming to empower young gay Mayan men in Mexico through information on HIV prevention, sexual health discussions and interviews, and self-efficacy strategies tailored to an indigenous population; an effort in Honduras to amend the Honduran Special Law on HIV to include protection for all citizens regardless of sexual orientation or gender identity; and an advocacy project, led by and for transgender women, to improve access to HIV services for transgender individuals in three cities in Bolivia.

“Communication, transparency, and continuous work are the keys to success for any community organization,” says Simon Cazal, executive director of SOMOSGAY, a group in Paraguay that is using its second amfAR award to increase voluntary counseling and testing services for gay men, other MSM, and transgender people in and around Asunción. “When activists are motivated by health, the right to a better life for LGBT people, and the eradication of homophobia, that helps the LGBT movement grow, and the history of exclusion and violence change.”

In Africa, projects include an effort to increase the participation of gay men and other MSM in national HIV/AIDS policy discussions in Burundi; creation of the first ever safe space for LGBT people in Togo; and an arts-based approach to train deaf MSM and transgender individuals to make behavior change communication materials that address HIV issues in the Gauteng Province of South Africa.

“As the groups we fund help collect vital data and conduct outreach to populations that are often ignored in the fight against HIV/AIDS, we’re confident that amfAR’s MSM Initiative is making a difference in the overall epidemic,” said amfAR CEO Kevin Robert Frost. “amfAR is proud of its grassroots partner organizations for helping us reach MSM and transgender individuals in ways that are having a real impact.”

What Next for the Global Fund?

January 28, 2012, marked the tenth anniversary of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In just a decade, the Global Fund has provided HIV treatment to 3.3 million people, tuberculosis treatment to 7.7 million people, and malaria treatment to more than 230 million people around the world. The Fund has disbursed more than $14 billion in grants to 150 countries, and is credited with saving more than six million lives. With so many lives saved, the Fund’s impact on the global health landscape cannot be overstated.

However, for the first time since its creation, the future of the Global Fund hangs in the balance. The worldwide economic crisis, along with accusations of corruption and misuse of resources, has resulted in cutbacks in contributions from donor governments. Facing a significant gap in financing, the Global Fund announced in November that while it would continue funding existing programs, it would not make any new grants until at least 2014. Then, on January 24, Executive Director Dr. Michel Kazatchkine resigned over discussions of new leadership at the Fund.

A small reprieve from the turmoil of the last couple of months came on January 25 when the Bill and Melinda Gates Foundation pledged an additional $750 million to the Fund. While this generous and timely donation will help close the current financing gap, the future of the Global Fund remains dependent on the willingness of donor governments to follow through on their commitments so that millions of people around the world can receive the life-saving treatment they need.
**Educating “Hidden” MSM Migrant Workers in Thailand**

*amfAR AWARD HELPS TRAIN PEER EDUCATORS*

Based in Chiang Mai, Thailand, the Human Rights Education Institute of Burma (HREIB) is a nongovernmental organization that facilitates a broad range of human rights training and advocacy programs for grassroots organizations and community leaders. HREIB was founded in 2000 by former student activists involved in the 1988 student uprising in Burma with the goal of empowering Burmese people through human rights education. HREIB recently received its second $20,000 award from amfAR’s MSM Initiative.

HREIB’s amfAR-supported work focuses on education and counseling for Burmese migrant MSM in Ranong, a southern province of Thailand, including both those who openly identify as LGBT and those who are “hidden.” The latter make up the vast majority of MSM in Ranong and consist primarily of fishermen and construction workers. It has been estimated that there are between 1,800 and 2,000 MSM migrants in Ranong.

amfAR’s funding has helped HREIB train five peer educators who help raise awareness about HIV/AIDS, other sexually transmitted infections, and relevant human rights issues—particularly those that affect access to health services. Migrants often are afraid to access health services because of their undocumented status. The educators offer counseling—providing sexual health-related knowledge and risk reduction skills—to those who have symptoms of STIs and assist them in accessing treatment. They also help with Burmese-Thai translation in clinics.

“Sex and sexuality are rarely discussed in Burmese society,” says Mike Paller, who serves as the program manager for the peer education project. “Burmese people are predominantly Buddhist and are taught from an early age that sexual relations between those of the same sex are a ‘sin against nature’ and that those who engage in homosexual acts are being punished for mistakes made in past lives.”

Most Burmese migrants do not carry condoms because they are afraid of being chastised for engaging in sinful behavior. “Many MSM also believe that wearing a condom will erode the trust of their partners,” says Paller.

“HREIB’s work continues to dispel such beliefs and bring a sense of empowerment to a marginalized group. “The most important lesson we’ve learned is the importance of building trust in the community to raise awareness about human rights and sexual health,” says Paller. “We can improve HIV prevention by empowering MSM with peer-to-peer education.”

**Will the AIDS-Free Generation Bypass MSM?**

*NEW REPORT CALLS FOR URGENT REFORMS BY DONORS, MULTILATERAL INSTITUTIONS, AND GOVERNMENTS*

Funding to prevent and treat HIV/AIDS consistently fails to reach programs designed to control the disease among gay men and other men who have sex with men (MSM), according to a new analysis released in January by amfAR and the Center for Public Health and Human Rights (CPHHR) at Johns Hopkins University. The report finds that resources dedicated to addressing the epidemic among MSM are grossly insufficient, and that funding intended for this population is often diverted away from MSM-related services.

The new report, titled “Achieving an AIDS-Free Generation for Gay Men and Other MSM,” provides the most comprehensive analysis to date of HIV-related funding and programming for this population. Drawing on data collected from on-the-ground researchers in eight countries—China, Ethiopia, Guyana, India, Mozambique, Nigeria, Ukraine, and Vietnam—the report finds that national governments and international donors have failed to adequately tackle the epidemic among MSM.

Among the report’s findings:

- With few exceptions, MSM are deprioritized and marginalized by HIV programs regardless of epidemic type or disease burden.
- Epidemiological surveillance of MSM in many countries is woefully inadequate to determine the true burden of HIV among MSM.
- In countries where homosexuality is criminalized, many MSM forgo seeking medical care out of fear of government-sanctioned punishment.
- Efforts to streamline donor bureaucracy are being undertaken without consideration of their impact on vulnerable populations.

“Gay men and other MSM pioneered the global response to HIV in developed countries and have contributed significantly to the development of programs globally,” said amfAR CEO Kevin Robert Frost. “However, they have been mostly excluded from these very services and programs in the developing world. This report lays out concrete steps that donors and national governments should take without delay to address the pandemic among MSM.”

View the full report at www.amfar.org/msmreport.
Shiba Phurailatpam is the director of the Asia Pacific Network of People Living with HIV/AIDS (APN+). Founded in 1994 by HIV-positive individuals from eight countries, APN+ was established to serve as a collective voice for people living with HIV (PLHIV) in the region.

**amfAR:** In November, the Global Fund announced the cancellation of funding Round 11, delaying new grants until at least 2014. What are the consequences of this decision in Asia?

**Phurailatpam:** The November announcement came as a shock for many groups in the region and around the world. The consequences are serious for the region. PLHIV in several countries are at the point of requiring second-line treatment, and governments must scale-up their programs. Marginalized groups like drug users, sex workers, and men who have sex with men (MSM) are particularly vulnerable, as governments are still reluctant to fund programs supporting these groups.

For China, the situation is especially grim as the decision also states that high-middle-income countries will not be eligible even for their second phase grant renewals. China was expecting nearly $880 million in these renewals. It is encouraging that the Chinese government has announced that it will fill the gap itself, but there is concern that funding priorities in the country may change without the influence of an independent, neutral funding source like the Global Fund to enforce a strong anti-corruption mechanism and focus support on evidence-based practices that place community groups at the heart of programs.

The donors who backed out of their pledges to the Global Fund, forcing the cancellation of the round, have much to answer for. To quote Stephen Lewis, “It’s not a matter of the financial crisis; it’s a matter of human priorities. We have a right to ask the G8: what do you sanctify as governments—profits and greed or global public health?” We ask the same question on behalf of PLHIV across Asia and demand that people be placed before profits.

**amfAR:** President Obama recently announced that his administration will deliver antiretroviral drugs (ARVs) to six million people around the world by the end of 2013. What do you hope these new commitments will mean for Asia?

**Phurailatpam:** While the announcement that the Obama administration would be ambitious in its plans to deliver treatment comes at a crucial period when donors are retreating, it also must be seen in the context of the U.S. government’s trade policies.

The Trans Pacific Partnership Agreement (TPPA) is a free trade agreement (FTA) being pushed by the U.S. on several countries in the region, including Malaysia and Vietnam. It includes several aggressive provisions on intellectual property that will undermine access to generic medicines. Previous U.S. FTAs have led to significant increases in prices of medicines in developing countries, and for Malaysia and Vietnam, the TPPA would create a serious barrier to their ability to import generic ARVs or manufacture these medicines themselves.

Additionally, Europe is pushing an FTA with India that threatens its production and supply of generic ARVs. PEPFAR, the primary program through which the U.S. delivers treatment in Africa, is heavily reliant on generic ARVs produced in India. Therefore, for President Obama’s promise to become reality, India must continue producing generic ARVs.

**amfAR:** How might recent scientific advances in HIV prevention be translated into policy, and ultimately practice, in Asia?

**Phurailatpam:** The evidence is growing that PLHIV on treatment, particularly on early treatment, are less likely to transmit the virus. This means that our governments must abandon the false dichotomy in their policies of treatment versus prevention.

Faced with tight budgets, governments invariably adopt more extensive prevention programs, even though it is clear that treatment, care, and support are critical in HIV prevention. Now science has given us the evidence for this. Governments in Asia must determine how many more people need treatment and devise all possible mechanisms to ensure sustained access to affordable treatment.

Currently, however, the funding crisis and pressure to sign trade agreements are pushing governments to make poor treatment decisions like sticking to older, more toxic forms of HIV treatment and hesitating to examine earlier and better treatment options. In all this, the dramatic progress of the past decade is at risk, not just in Asia but across the globe.

**amfAR:** Are there other obstacles that stand in the way of improving drug access in the region and what strategies exist to overcome them?

**Phurailatpam:** Several governments in the region have had HIV treatment programs for several years and now have significant numbers of PLHIV requiring improved first-line or second-line treatment. The provisions in the FTAs proposed by both the E.U. and the U.S. will seriously undermine access to medicines for PLHIV and other diseases across the region.

Governments that have attempted to use health safeguards in their application of international trade rules are being sued by multinational pharmaceutical companies. From Pfizer in the Philippines
to Novartis in India, companies are using legal and financial muscle to prevent countries from ensuring access to generic medicines for their people. And even institutions set up with health objectives, like the Medicines Patent Pool, have issued licenses that exclude Malaysia, Indonesia, and China from access to generic tenofovir.

A strong people’s movement has built up across the region to counteract these actions. From protests in Nepal to the brave actions of South Korean activists who faced unwarranted police brutality at the ICAAP (International Congress on AIDS in Asia and the Pacific) in Busan, PLHIV are demonstrating loudly against the actions of developed countries and multinational companies.

From the UN to the Global Fund, the advice to governments is clear—do not sign any trade agreements that undermine access to medicines and use all legal measures to ensure generic production and supply.

“The dramatic progress of the past decade is at risk, not just in Asia but across the globe.”

amfAR: Finally, what do you see as the major policy priorities for the HIV/AIDS community in Asia?

Phurailatpam: Discrimination is still a critical concern, and few governments in the region have provided legal protections for PLHIV. Laws in several countries continue to criminalize drug users, sex workers, transgender people, and MSM. Women living with HIV continue their struggle for equal rights, including sexual and reproductive rights.

As discussed above, the treatment scenario remains grim with governments being pressured to trade away the lives of their people. Our policy priorities are to address these challenges at local, national, regional, and international levels. We need policies that prevent drugs from just lying on the pharmacies’ shelves and instead get them to the people who need them.

Access to Affordable HIV Medicines at Risk in Trade Negotiations

Many of the world’s poorest countries are dependent on India’s pharmaceutical industry for affordable medicines that keep millions of HIV-positive people alive and healthy every day. These lives will soon be at risk, however, if intellectual property demands proposed by the European Union in a draft Free Trade Agreement (FTA) with India are accepted.

Primarily as a result of competition from India’s generic pharmaceutical companies, prices for standard antiretroviral drug regimens in low- and middle-income countries have fallen from $15,000 per person per year in 2001 to less than $70 in 2012. Today, India supplies more than 80 percent of all adult antiretroviral drugs and more than 90 percent of all pediatric antiretroviral formulations in use in developing countries. An estimated 6.6 million people in low- and middle-income countries are now on antiretroviral therapy, and the annual number of AIDS deaths has fallen by more than 18 percent since the middle of the last decade.

India’s strict patent laws and public health safeguards have ensured its ability to manufacture safe, effective, and affordable medicines. Clauses proposed by the European Union in its draft FTA with India would increase HIV drug prices, thereby diminishing access to these essential medicines. Specific clauses of concern include the following:

• Patent term extensions that extend patent life beyond 20 years;
• Data exclusivity provisions that delay the registration of generic medicines and prevent distribution and marketing of affordable versions of pediatric drug formulations and combinations of “off-patent” medicines;
• Investment rules that permit foreign companies to sue the Indian government in private courts to contest domestic health policies, such as reasonable measures to reduce drug prices;
• Border measures that would deny sales of medicines to patients in other countries by authorizing European customs officials and other countries to seize generic medicines in transit;
• Injunctions that undermine the independence of the Indian judiciary to protect patients’ right to health over private industry’s pursuit of profits;
• Other enforcement mechanisms that would place third parties, such as health care providers, at risk of police action if they prescribe or distribute generic medicines.

While the European Union (E.U.) has stated that some measures—such as proposed patent term extensions and data exclusivity provisions—are no longer being proposed, others remain the subject of active negotiation. In protests in front of European country embassies around the world, people living with HIV have been resisting the E.U.’s pressure on India to sign an FTA that would endanger their access to generic lifesaving medicines. amfAR has joined their voices, urging the Indian government to reject provisions that would undermine both Indian industry and the global fight against HIV.
EVENTS

TWO x TWO for AIDS and Art

Under the inspirational leadership of Cindy and Howard Rachofsky, the 13th annual TWO x TWO raised close to $5 million—a record high—for amfAR and the Dallas Museum of Art. In a thrilling live auction of contemporary art, a work by Mark Grotjahn sold for $1 million—another record for TWO x TWO. The event was co-chaired by Tony Award winner John Benjamin Hickey, Joyce Goss, and Dr. Gary Tigges, and featured Stanley Tucci and a performance by Patti Labelle. Fittingly, Mark Grotjahn was honored at a brunch the following day with amfAR’s Award of Excellence for Artistic Contributions to the Fight Against AIDS.

Special thanks: Audi of America, Sotheby’s, Talbots, AT&T, Inc., Cartier, Waldman Bros., Chubb Personal Insurance, Moët Hennessy USA, Neiman Marcus, todd. event design, creative services, Aston Martin of Dallas, The Snoring Center, Design Within Reach, Michele, Texas Graphic Resource Inc., GDT, Kent Rathbun Catering, Flexjet, The Joule Hotel, Strait Capital Company Ltd., PaperCity, Dallas Art Fair, Texas Health Presbyterian Hospital Plano (Photos: Kevin Tachman)

The Inspiration Gala Los Angeles

Andy Cohen hosted the second annual Inspiration Gala Los Angeles on October 27, 2011, at the Chateau Marmont. The “Black Tie/Hot Metal” gala featured fashion presentations by Hugo Boss, Fendi, and Thierry Mugler, performances by Deborah Harry and Sinéad O’Connor, and a tribute to Dame Elizabeth Taylor presented by Sandra Bullock. The event Raised nearly $500,000.

Special thanks: Piaget, Wilhelmina Models, Hugo Boss, Audi, HBO, Delta Air Lines, Grey Goose Vodka, Fendi, Hewlett-Packard Company (Photos: Kevin Tachman)
The amfAR New York Gala, held on February 8, 2012, rocked Cipriani Wall Street with electrifying performances by Theophilus London and Janelle Monae and raised $1.4 million for amfAR. The evening opened with a moving visual tribute to Dame Elizabeth Taylor, accompanied by soprano Michelle Johnson’s ethereal rendition of Puccini’s Vissi d’arte. Hosted by Sarah Jessica Parker, the evening served to honor Roberto Cavalli, Caroline Scheufele of Chopard, and Goldman Sachs Gives for their exceptional contributions to amfAR and the fight against AIDS.

Special thanks: Hublot, M·A·C Viva Glam, Diageo, Mandarin Oriental, New York, Champagne Luxor, Delta Air Lines (Photos: Kevin Tachman)

Janelle Monáe closed out the night with a rousing rendition of her song “Tightrope.”

amfAR’s annual benefit in the Bay Area was held on November 4, 2011, at Ken Fulk’s SoMa Studio. Andy Cohen hosted the event, which featured a live auction, a tribute to Dame Elizabeth Taylor, and performances by Alan Cumming and the legendary Chaka Khan. Following an intimate dinner for 100, the four floors of Ken Fulk’s Studio were opened up for a lavish Moroccan-themed party for 500 guests. The event raised nearly $450,000.

Special thanks: Wells Fargo, Ken Fulk, Gary Danko, Arizona Beverage Company, Four Seasons Hotel, San Francisco, Prada, Restoration Hardware, SKYY Vodka, Yigit Pura and Taste Catering, Delta Air Lines (Photos: Kevin Tachman)
A sound investment
- in a CURE.

Including amfAR in your will allows you to create your own deeply meaningful and personally satisfying legacy in support of our lifesaving work.

A cure for HIV/AIDS is now within the realm of possibility. amfAR is leading the way by supporting groundbreaking, cure-focused research. Help us find a cure—and make AIDS history.

For more information about giving opportunities, visit us at www.amfar.org.

amfAR
MAKING AIDS HISTORY

INSIDE

Calendar

amfAR's Life Ball
Vienna, Austria
May 19, 2012

amfAR Symposium
Los Angeles
October 22, 2012

Together to End AIDS
Washington, DC
June 7, 2012

Kiehl's Life Ride for amfAR
Miami, Florida to Washington, DC
July 21, 2012

Together to End AIDS
Washington, DC
September 22, 2012

amfAR Milano
Milan, Italy
October 20, 2012

TWO x TWO for AIDS and Art
Dallas, Texas
October 24, 2012

Inspirations New York
New York City
June 7, 2012

amfAR Symposium
Vienna, Austria
May 18, 2012

Life Ball
Vienna, Austria
May 19, 2012

For more information, visit www.amfar.org.