

New Momentum for AIDS Research

AN INTERVIEW WITH ANTHONY FAUCI, M.D.



Since 1984 Anthony Fauci, M.D., has served as director of the National Institute of Allergy and Infectious Diseases at the U.S. National Institutes of Health, where he oversees an extensive research portfolio aimed at preventing, diagnosing, and treating infectious diseases including HIV/AIDS. Dr. Fauci is also a key advisor to the White House and U.S. Department of Health and Human Services on global AIDS issues. In 2008 he was honored with the Presidential Medal of Freedom.

amfAR: There have been major developments in HIV prevention research in recent months. What do you think it is going to take to realize the potential of this research and what are the major challenges that stand in our way?

Dr. Anthony Fauci: I think we have to look at prevention as an issue that has evolved over several years. From the first day, we suspected

we were dealing with a sexually transmitted disease, even long before we identified the virus. We knew that safe sex practices and behavior modification were at the core of prevention, but getting people to change their behavior is very difficult to do.

Over the last several years, we have begun to look at prevention not as a one-dimensional issue but rather as a combination of modalities. We had the 076 study of mother-to-child transmission prevention followed by the short version of that study with single dose nevirapine. Over the last few years, we have discovered that male circumcision is extraordinarily effective in preventing acquisition of HIV infection among heterosexual men. And then we had the topical microbicide breakthrough. We now have the PrEP [pre-exposure prophylaxis] study for gay men and the PrEP study for heterosexual couples. And we have the game-changing HPTN 052 study, which

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“Making AIDS History” on Capitol Hill

amfAR brought together many of the biggest names in HIV research, policy, and advocacy for a half-day conference, July 26, that filled the Senate Kennedy Caucus Room to capacity. The conference, titled “Making AIDS History: Ending the Epidemic,” was spearheaded by Dr. Susan Blumenthal, amfAR’s senior policy and medical advisor. Describing its purpose, Dr. Blumenthal said: “We are here today to explore with our nation’s leading scientists, advocates, and policymakers how to translate rapidly accelerating scientific advances into programs and policies so that AIDS can

be a disease found only in the history books.”

House Democratic Leader Nancy Pelosi (D-CA), along with Reps Barbara Lee (D-CA), Henry Waxman (D-CA), Nita Lowey (D-NY), and Jim Himes (D-CT), as well as Senators Kirsten Gillibrand (D-NY) and Mike Enzi (R-WY) all made appearances to strongly voice their continued support for amfAR and the fight against AIDS.

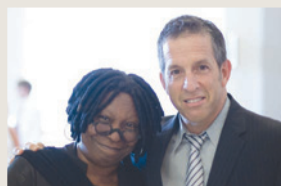
Rep. Pelosi suggested that we have a moral obligation to apply and adequately support the new knowledge and tools

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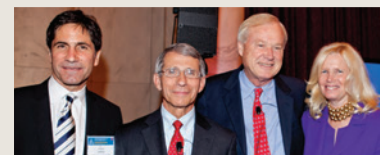


House Democratic Leader Nancy Pelosi (D-CA)

Cokie Roberts, Phill Wilson of the Black AIDS Institute, and amfAR board member Regan Hofmann



Whoopi Goldberg and amfAR Chairman Kenneth Cole



amfAR VP Chris Collins, NIAID Director Dr. Anthony Fauci, Chris Matthews, and amfAR Senior Medical and Policy Advisor Dr. Susan Blumenthal

Opportunities and Threats



The SWOT analysis is a favorite tool of management consultants. It assesses Strengths, Weaknesses, Opportunities and Threats. At this juncture in the AIDS epidemic, it seems to me that we face opportunities and threats in equal

measure and on an unprecedented scale.

AIDS research findings over the past two years have handed us a golden opportunity. Studies have shown that: a vaginal microbicide gel can sharply reduce women's risk of contracting HIV; antiretroviral drugs can substantially reduce the risk of infection for HIV-negative gay men and other men who have sex with men; and a healthy HIV-positive person on ARVs is much less likely to pass on the virus to his or her partner.

None of these interventions alone will end the epidemic. But if we add them to those that are already at our disposal—condoms, harm reduction programs, prevention of mother-to-child transmission, male circumcision—and

scale them up appropriately, we could make quick, substantial, and worldwide reductions in HIV infection rates. Smart investments in HIV prevention will pay off handsomely not only in lives saved, but also in treatment costs averted.

Yet we are in real danger not just of passing up this opportunity, but of reversing the gains of the past decade. Even though funding for global health programs accounts for less than one half of one percent of our national budget, these programs are under threat and are considered by some to be completely expendable. Proposed budget cuts could slash the number of people on treatment and severely curtail HIV prevention and education efforts worldwide.

Let us hope that wisdom, compassion, and strategic thinking prevail so that we preserve these programs that not only save millions of lives, but also serve our nation's diplomatic and security interests while enhancing our standing as a moral, humanitarian leader in the world.

Kevin Robert Frost
Chief Executive Officer

Rethinking HIV Prevention for Gay Men in the U.S.

The U.S. Centers for Disease Control and Prevention (CDC) announced in August that MSM were the only population to see an increase in HIV infections between 2006 and 2009, according to the first multi-year estimates of domestic HIV infections. While the overall annual number of new HIV infections in the U.S. was stable at about 50,000 per year, young, black gay men experienced a sustained increase, with about 10,800 new infections each year. White and Hispanic gay men were heavily affected as well, with 11,400 and 6,000 new infections each year, respectively. The report also

found that while gay men represent only two percent of the U.S. population, they accounted for 61% of all new HIV infections in 2009.

"We have known for a long time that gay men—especially gay men of color—are particularly vulnerable to HIV infection, but this report confirms that the epidemic is becoming even more severe in these groups," said Kevin Frost, CEO of amfAR.

In a report co-authored with Trust for America's Health earlier this year, amfAR called for a new paradigm for HIV prevention that addresses the context of risk for gay

men, including the broader social and structural factors that contribute to their disproportionate infection rates. Rather than focusing solely on safer sexual behavior, this report calls for expanded access to HIV/AIDS treatment as well as policy changes to reduce stigma and discrimination and forge healthy social norms at the community level.

"Unless we find ways to make comprehensive health services work for young, black gay men, America's epidemic is only going to get worse," said Chris Collins, amfAR's vice president and director of public policy. ■

INNOVATIONS

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Global Health Investments: A Payoff for the U.S.

By Khai Hoan Tram and Chris Collins

On October 26, Republican presidential candidates convened in Las Vegas for a debate hosted by CNN and the Western Republican Leadership Conference. On the topic of foreign aid, several of the presidential hopefuls were extremely skeptical. For example, Mitt Romney argued that “We’re spending more on foreign aid than we ought to be spending.” Ron Paul said, “To me, foreign aid is taking money from poor people in this country and giving it to rich people in poor countries, and it becomes weapons of war.”

What’s missing from this discussion is the fact that foreign aid—which accounts for approximately 1 percent of our national budget—is actually used to aid those in need while advancing our country’s humanitarian and diplomatic goals. And it’s working.

Far from being “weapons of war,” our foreign aid investments save lives with antiretroviral treatment (ARV) to treat HIV/AIDS; insecticide-treated bed nets (ITN) to prevent malaria; food aid for those suffering from famine; and earthquake and other natural disaster relief.

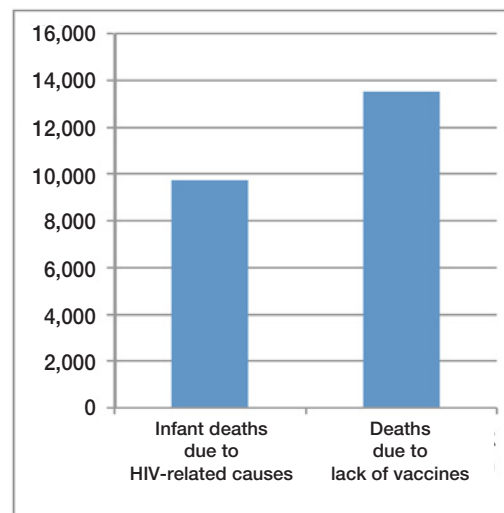
Indeed, according to new analysis by amfAR, U.S. global health programs improve, extend, and save the lives of millions of people worldwide.

If foreign aid is cut, as many of these candidates insisted it should be, millions of people will lose life-saving treatment and services. The amfAR analysis examines the human impact of an across-the-board, 11.07 percent cut that could occur under what is called “sequestration” if the Joint Select Committee on Deficit Reduction fails to come to agreement on a plan.

The amfAR analysis found that sequestration could have the following impacts in fiscal year 2013 alone:

- 29,000 more infants would be born with HIV because of reduced funding for prevention of mother-to-child transmission programs;
- Food, education, and livelihood assistance would not be available to 419,000 children through the

Deaths due to FY 2013 sequestration of federal global health funding



President’s Emergency Fund for AIDS Relief (PEPFAR);

- Funding to treat 403,000 people with HIV/AIDS would not be available;
- 1.9 million fewer insecticide-treated bed nets to prevent malaria would be delivered;
- 44,000 fewer people would be treated for tuberculosis;
- Through multilateral programming, 1.1 million fewer combination vaccines for children would be delivered; and
- Cuts in funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria would lead

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A Brighter Future for HIV Prevention?

Recent scientific advances in HIV prevention offer promising new tools to help stem the spread of infection.

In 2010, the results of a microbicide clinical trial conducted by the Centre for the AIDS Program of Research in South Africa (CAPRISA) found that a tenofovir-based vaginal gel cut a woman’s risk of HIV infection by roughly half. Quarraisha Abdool Karim, Ph.D., associate scientific director of CAPRISA, explained, “For the first time we have an intervention for women, one that empowers young women who have had no strategy to protect themselves from infection when condoms and monogamy are not feasible.” The microbicide is expected to be licensed by late 2013, but additional funding will be required for further research into drug resistance patterns and disease progression associated with tenofovir-containing products.

The CAPRISA microbicide results have been followed by two studies uncovering the preventive potential of antiretroviral drugs (ARVs). In November 2010, the Pre-Exposure Prophylaxis (PrEP) Initiative announced the results of its landmark iPrEx trials, which demonstrated that a combination of two ARVs, tenofovir and

emtricitabine, could reduce the likelihood of HIV infection by 44 percent among men who have sex with men.

Then in May of this year, the results of a clinical trial known as HPTN 052 and conducted by the HIV Prevention Trials Network showed that people living with HIV who received early treatment with ARVs were 96 percent less likely to pass the virus to their uninfected partners. Additionally, the partner living with the virus benefited from early treatment, with an almost 40 percent reduction in the number of clinical events (e.g., opportunistic infections) associated with HIV disease progression.

These scientific breakthroughs herald new opportunities in HIV prevention that could drastically reduce HIV incidence in the U.S. and around the world. “Even in this challenging economic environment, investments in HIV/AIDS research continue to be validated—and validated in a big way,” said amfAR CEO Kevin Robert Frost. “If we’re serious about stopping the spread of HIV/AIDS, we need to continue to make these kinds of investments.” ■

NIH Announces First Round of HIV Cure Grants

In July, the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health (NIH) awarded its first large-scale round of grants to support collaborative research toward a cure for HIV/AIDS.

The grants, given to three research teams and totaling more than \$14 million a year for up to five years, are part of the Martin Delaney Collaboratory, designed to foster public-private partnerships to accelerate progress toward an HIV cure. Delaney, who died in 2009, was an influential AIDS activist. The three research teams are:

- Fred Hutchinson Cancer Research Center (FHCRC) in Seattle, working with Sangamo Biosciences Inc., a biopharmaceutical company based in Richmond, CA. Their five projects will be led by co-principal investigators Keith R. Jerome, M.D., Ph.D., and Hans-Peter Kiem, M.D., of FHCRC. First-year funding is \$3.9 million.
- University of North Carolina at Chapel Hill (UNC), working with Merck Research Laboratories, headquartered in Whitehouse

Station, NJ. They will be led by principal investigator David Margolis, M.D., of UNC. First-year funding is \$6.4 million.

- University of California, San Francisco (UCSF), and the Vaccine & Gene Therapy Institute of Florida (VGTI) in Port St. Lucie, Fla., also working with Merck Research Laboratories. They will be led by co-principal investigators Steven Deeks, M.D., and Mike McCune, M.D., Ph.D., of UCSF, and Rafick-Pierre Sekaly, Ph.D., of VGTI. First-year funding is \$4.3 million.

"We're proud that several current and former amfAR grantees, including Drs. Keith Jerome, David Margolis, Steven Deeks, Mike McCune, and Rafick-Pierre Sekaly, are leading this landmark round of collaborative cure-focused studies funded by the NIH," said amfAR CEO Kevin Robert Frost. "We hope that the work these researchers continue to do will contribute vital new information to our collective efforts to eradicate HIV infection." ■

A Lust for Life

VISIONARIES: WILLIAM STEPHENS

A retired elementary school teacher and librarian who loved travel, the arts, bridge, and reading, Bill Stephens was also a quiet philanthropist whose generous bequest to amfAR and other nonprofits spoke of his passions and commitments.



Born in 1929, Mr. Stephens attended Oakland schools as a child, later matriculated at San Francisco State University, and received his graduate credential as a librarian from San Jose State. Even after retirement, he continued his education work as a substitute teacher. After living a very active life in the Bay Area, Mr. Stephens died in Rome on May 27, 2010, during a tour of Europe.

"Bill had a giant heart, a sharp wit, and an irreverent sense of humor," remembered his close friend and estate executor Thad Trela. He was an adventurous and curious traveler who once spent time on a Norwegian freighter and hitch-hiked across the U.S. on several occasions. And he was a staunch supporter of Bay Area arts organizations, volunteering with local theater, ballet, opera, symphony, and film groups. His other interests ranged from horse racing to bridge (he was a ranked player at the Gold Medal Gay Games in Sydney, Australia, in 2002).

"Bill Stephens's selflessness and generosity will help amfAR expand our efforts to end the AIDS epidemic," said amfAR CEO Kevin Robert Frost. "We are proud to honor his memory and we are grateful for his legacy." A William Stephens Memorial Research Grant has been named in his honor. ■

For more information on planned giving options, e-mail john.logan@amfar.org or visit www.amfar.org/donate.



Delta to Highlight amfAR with In-Flight Video

During the month of December 2011, Delta Air Lines will air a five-minute video showcasing the work of amfAR on all of its flights. amfAR will also be featured in the December issue of *Sky*, the airline's in-flight magazine. amfAR is deeply grateful for the generous support of Delta Air Lines, the Foundation's official airline, and its employees worldwide. ■



ARCHE Grants Bring Great Minds Together

The amfAR Research Consortium on HIV Eradication (ARCHE) was designed to encourage collaboration among scientists in the search for an HIV cure. Now in its second year, ARCHE has created an impressive web of partnerships that are advancing knowledge of the virus and how it might be eradicated.

ARCHE teams are investigating the best methods of detecting miniscule amounts of virus within infected human cells and studying drugs that may be effective in flushing the virus out of these cells, among other cure-related methodologies.

Dr. Steven Deeks of the University of California, San Francisco, provides a good example of the extent to which ARCHE has facilitated collaboration. Dr. Deeks is an expert in the immune system's response to HIV and was funded in the initial round of ARCHE grants in a team with Dr. Mike McCune, also of UCSF. An HIV/AIDS physician, Dr. Deeks has extensive experience in tracking large patient cohorts at UCSF.

During an amfAR-organized meeting of first-round ARCHE grantees, it became clear that Dr. Deeks's expertise would dovetail



amfAR Vice President and Director of Research Dr. Rowena Johnston (fourth from left) with several recent ARCHE grantees.

with the work of another ARCHE grantee, Dr. Robert Siliciano, whose efforts to identify FDA-approved drugs that might cure HIV infection had yielded a candidate drug called disulfiram. The two of them enlisted the help of another researcher, ARCHE grantee Dr. Adriana Andrade of Johns Hopkins, to conduct a clinical trial to test the efficacy of the drug. Subsequently, a new project was funded to characterize the activity of disulfiram on the DNA of cells.

Dr. Deeks also teamed up with Dr. Frederick Hecht of UCSF to provide tissue and

blood samples for a project comparing three different assays, or virus measuring methods. One of the assays is the focus of an original ARCHE grantee, Dr. Sarah Palmer of the Swedish Institute for Infectious Disease Control, and the other two researchers—Dr. Una O'Doherty of the University of Pennsylvania and Dr. Janet Siliciano of Johns Hopkins—were brought in with new ARCHE grants.

In the latest round of awards, Dr. Deeks is enlisting the help of Dr. Timothy Schacker of the University of Minnesota, Dr. Tae-Wook Chun of the National Institute of Allergy and Infectious Diseases, and Dr. Mario Stephenson of the University of Miami, in a study to determine whether a certain type of non-

white blood cell can also harbor the virus. This study will be complemented by a new project led by Dr. McCune.

ARCHE is clearly succeeding in creating an intricate lattice of connections between researchers so that knowledge is shared and work is not duplicated.

"After just one year of bringing these researchers together and encouraging them to share their data and insights, we've seen great strides in our collective understanding of how HIV could potentially be eradicated," said amfAR CEO Kevin Robert Frost. ■

DC Conference CONTINUED FROM PAGE 1

that we accumulate. "If there is scientific opportunity and we do not allocate the resources," she said, "then we have done a disservice to the whole country, to the whole world."

Among the impressive roster of presentations and discussions, the conference included a "Hardball with Chris Matthews"-style conversation between the journalist and talk show host and Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. It concluded with a panel discussion on the future of AIDS activism and advocacy moderated by Cokie Roberts of ABC News and NPR. Panelists were Phill Wilson of the Black AIDS Institute, Regan Hofmann, editor in chief of POZ magazine and poz.com and an amfAR board member, David Kuria of Gay Kenya Trust, and former Miss America Caressa Cameron.

Actress, comedian and talk show host Whoopi Goldberg also made an appearance in which she paid tribute to amfAR's Founding International Chairman, the late Dame Elizabeth Taylor. After being introduced by amfAR Chairman Kenneth Cole, Ms. Goldberg said, "We can honor Dame Elizabeth's memory by finishing the work that she began ... As she knew, research holds the key to ending the global AIDS epidemic." ■

Budget Cuts CONTINUED FROM PAGE 3

to significant additional morbidity and mortality in HIV/AIDS, TB, and malaria.

- Millions of lives are at stake. That much cannot be debated.

All of us can agree that we need to spend our tax dollars as wisely as possible, and with that in mind we must recognize how important our global health investments are, providing security and diplomatic advantages to the United States.

But our global health investments—and the major successes they have brought about—also reflect America's moral strength, character, and leadership in the world. Indeed, they have had a tremendous impact on millions of lives and livelihoods, and they must continue to do so. ■

Khái Hoan Tram is a 2011 Allan Rosenfield Fellow in amfAR's Public Policy office. Chris Collins is amfAR's Vice President and Director of Public Policy. This article originally appeared in The Huffington Post on October 26, 2011.

Fauci CONTINUED FROM PAGE 1

has really taken down the boundaries between prevention and treatment by establishing that treatment *is* prevention. We now have within our armamentarium the tools that, if implemented and adhered to properly, can turn around the dynamics of the global HIV pandemic. That is true even in the absence of a vaccine.

What we really need to do right now is implement these tools. Implementation in an arena of constrained resources, particularly in the developing world, is going to provide a serious challenge. But it is a challenge that we need to rise to and meet.

amfAR: How do you assess the prospects for vaccine research?

Fauci: I can tell you that a few years ago, I very conservatively said I was not sure that we would actually be able to develop an HIV vaccine because there was no proof of concept that any product could actually have an impact on acquisition. Then we had the RV 144 trial, which—even though the results were modest at best with only a 31 percent efficacy—I feel represented a proof of concept. So while it is impossible for me to predict when we are going to get a vaccine, I think we can say, not with absolute certainty but with some degree of confidence, that we will ultimately develop a vaccine to prevent acquisition of HIV infection. I certainly am much more optimistic about it now in 2011 than I was five years ago.

amfAR: Can you tell us in broad strokes about the NIH/NIAID strategy on cure research?

Fauci: To me the definition of a cure is to have a person be disease free in the absence of therapy, and this can happen in two ways. The first way is complete eradication of the virus in the body. We clearly do not yet have in our armamentarium of drugs the agents to completely rid the HIV reservoir of any trace of the virus. We have to develop innovative approaches for that. I think pure eradication will be a very difficult task.

The other type of a cure is what I have referred to over the years as a functional cure. You do not necessarily eradicate every vestige of the virus from the body, but you try to develop a situation where you do not have any good targets for the virus to replicate in. Alternatively and probably with less difficulty, you can treat people early on in the course of their disease so that their HIV reservoir is very small, and then you enhance the body's own immune system, such as with therapeutic vaccination, to keep whatever virus remains in the body in check even after you discontinue antiretroviral therapy.

And so cure means being disease-free without noticeable virus replication in the absence of therapy. We are pursuing with our research agenda both eradication and functional cure. We have made a considerable investment all along in research pertaining to the kinetics of the HIV reservoir. And we have now committed \$14 million a year over five years to [cure-focused research at] the new Martin Delaney Collaboratory because we really want to try to galvanize and catalyze the field.

amfAR: Not long ago cure was kind of a dirty word—a fantasy—in AIDS research. Was there a moment in time when you realized that maybe this is possible after all?

Fauci: It was not an “Aha!” moment where all of a sudden something happened. It was just my own experience as a physician, where I and

many others were seeing so many patients who have been followed for years and whose virus is extraordinarily well contained. The studies of the reservoir showed that the earlier you treat, the smaller the reservoir. Patients were doing so well on antiretroviral drugs, and so the next logical question was could we ultimately take them off drugs without relapses that we consistently saw when we tried to discontinue drugs in the past. It was just a gradually growing confidence in the capability of drugs to suppress this virus in a way that allows people to live a really, really long time. Also—looking from a broad 30,000-foot policy standpoint—with much greater numbers of people living with HIV today than ever before, it would be wonderful, given the constraints on resources, if we could get some of these people off therapy. Perhaps we could accomplish this with a different class of drugs or with a different approach.

amfAR: There is a lot of debate right now about PrEP and its implementation. When many people in developing countries still don't have access to antiretroviral drugs for treatment, how do you reconcile using ARVs for prevention with PrEP?

Fauci: That is a reasonable question, which is why I hold the opinion that PrEP is not for everyone. It is not one size fits all. There are certain groups of individuals whom you might want to target with PrEP. PrEP is not for every country or every situation within a country. It should be used selectively in targeted populations where you can get the most benefit.

amfAR: What is your biggest concern about the possible impact of budget cuts for HIV research at NIH?

Fauci: We have been fortunate, even though there have been great budgetary constraints, that we have not been hit hard by actual cuts. I am hopeful that this will continue. I believe there will be budget constraints for the next few years, and I will continue to try to make the case as forcibly as I possibly can that, in the arena of HIV, money invested in research now will ultimately save us a considerable amount of money in the future.

And the history of AIDS science has proven me correct over the years. An enormous amount of money is already being saved now as a result of the transforming advances that we have made not only in treatment but also in some of the prevention modalities we spoke about in the beginning of the interview. I think that makes a very strong case for the investment in HIV science. Not only is it important in saving lives and preventing infection, but it is also going to save a lot of money in the future.

amfAR: And speaking of the future, a final question—given everything you know about research and the epidemic, how are we going to bring this global HIV epidemic to an end?

Fauci: I do not have a crystal ball, but I think we have some road maps. Number one: We have extraordinarily effective therapy. Number two: We now have scientifically proven, highly effective modalities for prevention. Number three: We now know that treatment itself can serve as a major form of prevention.

I think that if we get global, political, local, government, and private sector commitment, we can actually turn around and end this AIDS epidemic. I think we can do it, but we need that commitment, which is going to save not only a lot of lives but also a lot of money. The pandemic is not going to go away by itself. ■

Researchers Debate Best Path to AIDS Cure

The search for an HIV cure has moved to center stage in the field of AIDS research, with newfound optimism fueled in part by the first ever cure of HIV through a stem cell transplant in “the Berlin patient.” Yet many of the central questions that will determine the future course and outcome of cure-focused research are the subject of contentious debate.

On July 18, amfAR’s Vice President and Director of Research Dr. Rowena Johnston co-chaired “Controversies in HIV Cure Research,” a debate organized in conjunction with the 6th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Along with her co-chair, Nobel Prize winner Dr. Françoise Barré-Sinoussi of the Pasteur Institute, Johnston led a lively discussion.

In the first of three mini-debates, amfAR grantee Dr. Steve Deeks of the University of California, San Francisco, moderated a discussion between Dr. Mario Stevenson of the University of Miami Medical School and Dr. Frank Maldarelli of the National Cancer Institute. The question was: Does HIV continue to replicate even after antiretroviral therapy has suppressed it below levels of normal detection, or does it remain latent, possibly in immune cells with longer half-lives than the oft-targeted but relatively short-lived T cells?

Dr. Stevenson, chair of amfAR’s Scientific Advisory Committee, postulated that HIV does indeed replicate on an ongoing basis, even when a patient is under HAART. Dr. Maldarelli, on the other hand, found no evidence of ongoing replication in

his research though he remained open to the possibility. Both agreed that better tests are needed to answer the question definitively, and that the outcome might dictate which strategies are most likely to cure HIV.

“There is a lot to learn from animal studies, but I would like to see intervention testing in humans as quickly as possible.”

Dr. Alan Landay of Rush University Medical Center and Dr. Guido Silvestri of Emory University then debated the merits of primate versus human testing in cure research. Dr. Landay, also a member of amfAR’s Scientific Advisory Committee, argued that primates do not provide information as useful as human subjects because SIV, a virus that infects primates and is similar to HIV in many ways, is different in several critical respects. “We really have had in the human model the proof of concept of ... a cure in the Berlin patient,” Dr. Landay said. Dr. Rafick Sekaly, the moderator and another former amfAR grantee, added, “There is a lot to learn from animal studies, but I think I would like to see intervention testing in humans as quickly as possible...There’s not a single animal model that can replicate the human condition.”

The case for primate models rested with Dr. Silvestri, who said, “Maybe this is the best animal model for a human disease

that we have ever had.” He named past successes in the field of HIV research that stemmed from work with primates, including pre-trial tests on microbicides, vaccines, and HAART. “I think we learn so much in the field of AIDS research by doing studies in monkeys,” said Dr. Silvestri.

The final debate of the evening, on the likeliest source of a cure, pitted Dr. Sharon Lewin of Monash University in Melbourne against Dr. Keith Jerome of the University of Washington and was moderated by Mark Harrington of Treatment Action Group. Dr. Lewin argued the merits of drug treatment, as opposed to gene therapy. “Pharmacotherapy has the potential to be scalable, deliverable, and cheap,” she said, “and I think we need to keep in mind that [the developing world] is where HIV care is delivered to 90 percent of HIV-infected patients.”

Dr. Jerome agreed that any found cure must be scalable and deliverable to all who need it, but focused on gene therapy as the fastest way to a cure, again referring to the Berlin patient. “I think the principle’s been proven in the only cure to date that we can point at, and I think this is an approach that’s ready to go.”

Wrapping up, Dr. Barré-Sinoussi said, “From the technology that we have, it’s really difficult to say that gene therapy is the path for the cure. We cannot say that today.” Looking to the future, however, she added, “But who knows what we will say tomorrow or the day after tomorrow. We don’t know.” ■



The “Controversies in HIV Cure Research” debate was co-chaired by amfAR’s Vice President and Director of Research Dr. Rowena Johnston (right) and Nobel Prize winner Dr. Françoise Barré-Sinoussi (second from right).

Light of Love Brightens Lives for Chinese MSM

Situated in Hebei Province in the northeast corner of China, the Hebei Light of Love Care Group is a small grassroots organization making a big impact on the local MSM (men who have sex with men) population. The group refers men living with HIV/AIDS from Hebei and surrounding provinces to the care of a local clinic and—with the help of an award from amfAR's MSM Initiative—aims to improve the health and well-being of MSM living with HIV through treatment literacy and advocacy workshops, peer education activities, home visits, and counseling. Another key part of their project is to encourage HIV-positive MSM to actively engage in local advocacy activities.

Founded in 2007, Light of Love began as a group of friends supporting each other, but has since grown to help more than 5,000 people, many of whom travel from outside Hebei province. “Many of the patients have been refused by local hospitals when it became known they were HIV positive,” says volunteer Wang Peng, who has been with the group since its founding and considers himself as much a recipient as a dispenser of advice and support.

The group also has volunteer “mothers” who provide social support for clients. “They take care of us,” Wang Peng says. “They listen to what we say. They give us advice, make good food for us. They never discriminate. With them, we feel warm and safe. Someone will give a call to the mothers when they are unhappy or happy. Through them, we feel more powerful when facing the virus.”

Through workshops and peer education, Light of Love helps to spread basic knowledge of HIV/AIDS to the MSM community and provides psychological support for MSM living with HIV. By giving MSM a place to go outside the formal healthcare system, while still coordinating with mainstream hospitals and doctors, the group is educating both patients and health professionals and bridging the gap between government and minority groups' HIV needs.

Money is always an issue for the Light of Love staff, as it is for most grassroots organizations. Lack of funds limits the talent they can hire and the impact they can make. “Every year, we must spend a lot of energy looking for funding,” says Wang Peng. “Like many Chinese grassroots organizations, we have gotten through this year, but do not know what will happen next year.” But battling adversity has made the group stronger. “Our organization grows and develops



Hebei Light of Love colleagues Li Gu and Wang Peng discuss programming with amfAR staff.

in the process of dealing with various difficulties and problems, and we have a great volunteer team.” Funding from amfAR contributes toward staff salaries, website expenses, phones, training activities, visits to patients' homes, and more.

For Wang Peng, the group is more than a volunteer opportunity. “It is a family and a home where I can say what I want to say,” he says. “It makes me free and relaxed, and I want it to be strong. And through the group I can help more people like me and participate in the development of China's civil society.” ■

From Suriname to Vietnam: New Awards for Grassroots Groups

Through its MSM Initiative, amfAR has announced new awards totaling \$280,000 to community groups in Asia and the Caribbean. The awards—up to \$20,000 per group—aim to reduce rates of HIV infection among MSM (men who have sex with men) and transgender communities in resource-limited countries.

“We're very excited about the work being done in these two regions,” says Kent Klindera, director of the MSM Initiative. “Asia and the Caribbean are two areas where small groups can have a big impact on HIV education and prevention among MSM.”

One of nine funded projects in the Caribbean, *iLiving Out Loud!* will utilize a virtual safe space to provide information, skills, social support, counseling, and referrals for young MSM and other LGBT adolescents and youth. Online peer educators will cover topics such as HIV transmission, treatment and care, sexual orientation, gender identity, human rights, and sexual and reproductive health.

Other awards will enable Caribbean-based recipients to provide increased access to care for MSM sex workers and their clients in the Dominican Republic, create a psychological and social support network for HIV-positive MSM in Suriname, and train peer educators in Trinidad and Tobago.

In Asia, eight grassroots organizations have received awards. In southern China, for example, a group will publish oral histories online to promote health and reduce HIV-risk behavior. And in Vietnam, a community mobilization center will aim to reduce the risk of HIV infection among transgender women by creating a supportive environment, increasing their HIV/AIDS knowledge, and working to make HIV/AIDS services more accessible by reducing stigma.

“We clearly see a lot more transgender specific projects being funded,” says Klindera. “Which is a good trend in that there is so little attention to transgender issues in these regions.” ■

A list of all MSM Initiative Community Awards to date is available at www.amfar.org/msm.

Treatment Quality and Expansion Take Center Stage in Asia

In Asia, the gap between those who need antiretroviral therapy (ART) and those who are getting it is among the widest in the world—only 29 percent of the 1.5 million in need are being reached, well below the global average of 37 percent. Drugs to prevent mother-to-child transmission reach just 26 percent of those in need compared with a global average of 45 percent.

amfAR's TREAT Asia program and other groups in the region have banded together to form the Asia Treatment Working Group with the aim of promoting treatment access and higher quality HIV healthcare. The Asia-Pacific Network of People Living with HIV/AIDS (APN+), the International Treatment Preparedness Coalition (ITPC), Médecins Sans Frontières—Access Campaign (MSF), and TREAT Asia have launched a wide-ranging series of projects with support from key UN agencies including UNAIDS, WHO, and UNICEF.

One main objective of the partnership is to help implement new World Health Organization (WHO) guidelines, which recommend earlier initiation of ART and the use of more potent and effective drugs such as tenofovir for first-line treatment. “The push is to stop

using sub-optimal drug regimens so you don't have to go to second-line,” said Jennifer Ho, TREAT Asia's former manager of community programs. “This is what optimizing treatment is—improving the regimen.”

Drug access is another important concern for the Working Group, particularly in reference to ongoing global trade negotiations that threaten access to generic antiretroviral drugs. But the availability of medicines can be a local issue as well when it comes to maintaining supply chains to ensure that drugs are in stock when and where patients need them. The Working Group is creating a database that will track how far people have to travel to get their medicines and whether they are consistently available.

With the aim of expanding interventions to prevent mother-to-child transmission of HIV (PMTCT), the Working Group hosted a regional community forum in Bangkok in



A pharmacist in Malaysia explains treatment issues to an HIV-positive child's caregiver.

April and is providing technical support for a six-country survey of maternal and child health, led by Women of APN+. Preliminary analysis has raised serious concerns regarding the quality of PMTCT across all surveyed countries.

Summarizing the aspirations of the coalition, Ho declares: “It's time to bring the quality of treatment in Asia up to what the Western world has had for 15 years.” ■

Mastering the Art of Pediatric HIV Treatment

At only 18 months of age, a child with HIV was brought into a Bangkok clinic already experiencing first-line antiretroviral therapy (ART) failure. Given her age and local drug availability, her doctor had limited choices for constructing a second-line regimen. If the child developed treatment failure again, there would be few options to which the doctor could turn.

Early treatment failure presents a serious threat to almost 40,000 children estimated to be on ART in Asia. When patients are no longer responding to ART, clinicians need to determine how to construct a new regimen to avoid the use of less effective medicines that can make drug resistance worse. Since few countries in the region provide free access to routine viral load monitoring, pediatricians often have to rely on treatment failure criteria that may not be sensitive enough to identify children who need immediate intervention.

To help pediatricians across the region better manage HIV treatment for children, amfAR's TREAT Asia program is offering a series

of specialized workshops as part of a pediatric initiative launched last year through ViiV Healthcare. The workshops build on the clinical experience of TREAT Asia network pediatricians by enlisting them to help train colleagues in their own countries. The core curriculum was first presented in August 2010 and the training is now being implemented across the region, led by TREAT Asia clinicians and other local experts.

“With so many of us facing the dilemma of treating HIV-positive children who are failing their regimens, pediatric workshops specially focused on the needs of clinicians in this region are absolutely needed,” said Nik Khairulddin Nik Yusoff, M.D., of Malaysia's Hospital Raja Perempuan Zainab II.

TREAT Asia Director Annette Sohn, M.D., is optimistic that the program will help improve treatment and care for Asia's youngest HIV patients. “This initiative gives us a new opportunity to explore this model of education and training, and to utilize our network to spread knowledge about evidence-based treatment,” she said. ■

Inspiration: New York, Paris, and São Paulo

Inspiration, an event series produced by Josh Wood Productions, is a celebration of men's style that benefits the Foundation's innovative AIDS research programs. The theme for 2011 was "Black Tie, Hot Metal" and guests dressed accordingly. This year's galas included a new event in São Paulo, Brazil, amfAR's first fundraising event in South America. To date the Inspiration Series has raised more than \$1.5 million.



Francisco Costa, Piaget Award of Inspiration recipient, and actress Claire Danes in São Paulo



NBA star Dwyane Wade in Paris

amfAR Ambassador Liza Minnelli closed out the New York event with a performance that included "I Must Have That Man."



Special thanks: Reca Group, Piaget, Wilhelmina Models, Hugo Boss, Bodhi Bags, Grey Goose Vodka, Audi, B&B Italia, Coloredge – New York + Los Angeles, Jeff Leatham, Hairdressers Against AIDS/L'Oréal Professional Products Division, Bubble Lounge/Deutz, Mondrian SoHo, Fasano, Evian, Delta Air Lines, Champagne Piper-Heidsieck (Photos: Kevin Tachman)



Heidi Klum presented Michael Kors with the amfAR Award of Courage at the New York event.



James Franco, Piaget Award of Inspiration recipient, and amfAR Chairman Kenneth Cole in New York



Diane Kruger, in Paris, introduced a video tribute to amfAR's Founding International Chairman, Dame Elizabeth Taylor.



amfAR

Piaget Award of Inspiration recipient, Fergie, at the Paris event

Cinema Against AIDS Toronto

More than 500 guests attended the third annual Cinema Against AIDS Toronto, which raised \$800,000 for amfAR and Dignitas International. Held on September 11, 2011, during the prestigious Toronto International Film Festival, the event featured special performances by Cheyenne Jackson and John Legend.

Special thanks: Rimmel London, Marc Jacobs Fragrances, Vera Wang Lovestruck, Foss Cadillac, Tiffany & Co., The Fairmont Royal York (Photos: Kevin Tachman)



John Legend closed out the night with four songs including his hits "Redemption Song" and "Ordinary People."



Event Chair Kim Cattrall



Dignitas Executive Director James Fraser and Chairman of the Board Michael Schull



amfAR Ambassador Cheyenne Jackson opened the evening.

amfAR Milano

The third annual amfAR Milano event was held in conjunction with Milan Fashion Week on September 23, 2011. With generous support from the Italian fashion community and special performances by Rufus Wainwright and Raphael Saadiq, the event raised more than \$1.4 million.

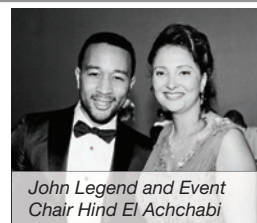
Special thanks: Moët Hennessy, Vanity Fair Italia, Westin Palace Milano, Dalia Air, Arizona Beverages (Photos: Kevin Tachman)



Rufus Wainwright took to the piano to sing "Complainte De La Butte."



Raphael Saadiq gave a rousing rendition of "100 Yard Dash" and "Stone Rollin'" and then invited Grammy Award-winning artist John Legend to join him to perform "My Cherie Amour."



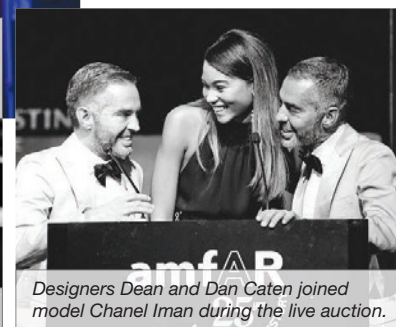
John Legend and Event Chair Hind El Achchabi



Event Chair Heidi Klum introduced a tribute to Dame Elizabeth Taylor



Event Chairs Bar Refaeli and Kenneth Cole



Designers Dean and Dan Caten joined model Chanel Iman during the live auction.



Event Chair Gwen Stefani and husband Gavin Rossdale



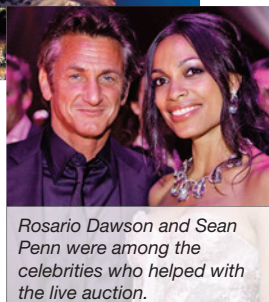
Luke Evans and Jane Fonda participated in the live auction.



Event Chairs Carine Roitfeld and Donatella Versace



amfAR CEO Kevin Robert Frost, amfAR Chairman Kenneth Cole, Milla Jovovich, and filmmaker Paul Anderson.



Rosario Dawson and Sean Penn were among the celebrities who helped with the live auction.



Event Chair Milla Jovovich kicked off the evening with a rendition of "I Want to Be Loved by You."

Cinema Against AIDS Cannes

The 18th annual Cinema Against AIDS, held during the Cannes Film Festival on May 19, 2011, was the most successful fundraising event in amfAR's history, raising more than \$10 million. Throughout the night, tributes were offered to amfAR's late Founding International Chairman, Dame Elizabeth Taylor, who hosted the first Cinema Against AIDS Gala in 1993. Dame Elizabeth dedicated her life to fighting HIV/AIDS and the stigma that surrounds it. Janet Jackson took the stage to recognize her commitment, stating that Dame Elizabeth "lit the flame, and we must carry the torch in the fight against AIDS."

Special thanks: Bold Films, Chopard, The Weinstein Company, Hewlett-Packard Company, L'Oréal Paris, Palisades/Tartan, Moët Hennessy (Photos: Kevin Tachman)

Kiehl's Since 1851 Life Ride



Celebrities including Tyson Beckford, former Le Mans racer Alain de Cadenet, Mark-Paul Gosselaar, Justin Chatwin (left), and Jason Lee, along with other motorcycle enthusiasts, joined Kiehl's President Chris Salgado on a week-long ride through the scenic Northeast, July 31-August 6. In conjunction with the ride, Kiehl's donated a total of \$100,000 to amfAR.



Bucks County Cabaret

amfAR's 7th annual Bucks County Cabaret was held on October 1, 2011, in a restored barn in Pipersville, PA. Supporters from the Greater Philadelphia community gathered for a cocktail reception, live auction, and special performance by the award-winning duo, Liz Callaway and Ann Hampton Callaway.



Special thanks: C. Olsten Foundation, McShane Enterprises & Paxson Hill Farm, Tonamora Foundation, and Jill Kearney and Steve McDonnell (Photo: Tom Zuback)

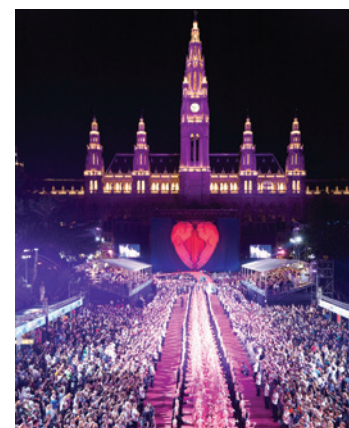
Bloomingdale's



On August 25, Bloomingdale's held its seasonal Fashionable Fundraiser, where shoppers were treated to stylish surprises and encouraged to learn about amfAR. This was the third time Bloomingdale's has chosen amfAR as the event's beneficiary. This year's event resulted in a generous donation of \$75,000 to amfAR.

Life Ball

Life Ball is the world's most extravagant HIV/AIDS benefit held annually in Vienna, Austria. This year's event on May 21 raised nearly \$700,000 for amfAR and more than \$2.5 million for international HIV and AIDS relief projects. At an AIDS Solidarity Gala preceding Life Ball, amfAR board member Regan Hofmann paid tribute to Dame Elizabeth Taylor, saying, "She spoke up about AIDS when others turned their backs. AIDS became her life's work, and she championed those who were living, and dying, with it."



SHARE THE LIGHT OF HOPE

Your support of HIV/AIDS research
brightens our hope for the future.
Make a special holiday donation
today to bring us closer to a cure.

DONATE NOW



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The Foundation for AIDS Research

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Heart and Soul

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MAKING AIDS HISTORY

AIDS research has opened
up the possibility that we could bring the
epidemic to an end.



“When I hear the word research, I feel hope.”

So says 59-year-old Lonny, who has been living productively with HIV for 30 years thanks to powerful medications developed in part by amfAR-supported scientists. Lonny's story and five other touching testimonials from people living with HIV form the centerpiece of www.MakingAIDSHistory.org, amfAR's new mini-website designed to show the human faces behind the 30-year struggle against AIDS. Through the website and accompanying public service announcement, we hope to raise awareness of the importance and impact of AIDS research, the strength and courage of those living with HIV, and the need to end the epidemic through the ultimate research target: a cure. ■

For more information, visit www.amfar.org.

Calendar

February 8, 2012 • New York Gala
New York City
April 19 or 26, 2012 • Inspiration São Paulo
São Paulo, Brazil
Thursday, May 17, 2012 • Cinema Against AIDS
Antibes, France

- **Dr. Anthony Fauci: New Momentum for AIDS Research**
- **Researchers Debate Best Path to AIDS Cure**
- **Treatment Quality and Expansion in Asia**

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AIDS RESEARCH

Fall 2011