Two HIV Patients Show No Signs of Virus Following Stem-Cell Transplants

NNOVATIONS

amfAR-SUPPORTED RESEARCH FINDINGS PROVIDE SURPRISING IMPLICATIONS FOR HIV CURE RESEARCH

Dr. Timothy Henrich of Harvard Medical School and Brigham and Women's Hospital in Boston in July reported on the case of two HIV-positive patients who show no trace of virus following stem-cell transplants. The findings were presented at the International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Kuala Lumpur, Malaysia.

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The patients had been on long-term antiretroviral therapy for HIV when they developed lymphoma. To treat the cancer, the patients underwent reduced intensity chemotherapy followed by stem-cell transplants. Since the transplants, Dr. Henrich has been unable to find any evidence of HIV infection.

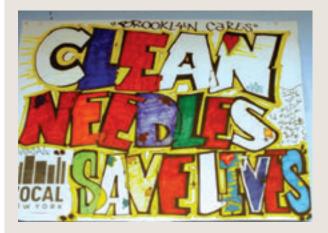
Dr. Henrich was awarded a grant through the amfAR Research Consortium on HIV Eradication (ARCHE) after presenting preliminary findings on these patients at the International AIDS Conference last July. With support from

CONTINUED ON PAGE 6



Dr. Timothy Henrich presents his findings at the International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Kuala Lumpur, Malaysia.

amfAR Steps Up Advocacy Efforts on Syringe Exchange



"We have a big public health challenge with injection drug use in America," said Chris Collins, amfAR's vice president and director of public policy, at an amfAR co-sponsored Capitol Hill briefing on July 23. "We need to base our response on the evidence of what works, and not undermine our efforts with policies divorced from science."

The briefing, titled "Prescription Opioids, Heroin and Disease Prevention: Law Enforcement, Research and Community Perspectives", was part of an effort to educate Congressional leaders about the opioid addiction epidemic currently raging across America and the need to end the ban on federal funding for syringe services programs (SSPs). Panelists testified that SSPs not only reduce the spread of blood-borne diseases such as HIV and hepatitis C, but also help link drug users to addiction treatment, improve community safety, and save millions in taxpayer dollars.

The ban was first imposed in 1988. "The belief back then was that if you gave needles, people would start

FROM THE CEO

Collaboration: The Keystone of ARCHE



This has been a tremendously exciting year in AIDS research. In the spring we reported on the first child to be cured of HIV. This was followed by news of 14 individuals in France, all treated very early in the course of infection, who appear to have been cured. And now two patients

under the care of amfAR-funded researcher Dr. Timothy Henrich of Harvard are showing no signs of virus after many weeks off treatment (see cover story). It is too early to say whether or not they have been cured, but the case is generating a great deal of excitement. All of this, of course, follows the emergence in 2008 of the first person to have been cured of HIV—Timothy Brown, the "Berlin Patient."

The reality is that we remain far from a cure that we can deliver to everyone who needs it. But each of these cases yields precious information that can inform and guide the development of a cure that will be more widely available. The involvement, in two of these cases, of scientists working within the amfAR Research Consortium on HIV Eradication (ARCHE) underscores the effectiveness of our collaborative approach to HIV cure research. Launched in 2010, ARCHE is proving itself in a variety of ways. It enables us to direct scientists to work on projects that are specific to achieving a broadly applicable cure. It spurs the formation of new and innovative scientific collaborations since, working together, researchers can address problems they wouldn't be able to solve on their own. And scientists like ARCHE because it dramatically reduces the time between applying for and receiving funding.

In short, we developed ARCHE to make sure the right people are using the right methods to answer the right questions, in the most efficient manner possible. We believe it's doing just that, and we will ramp up our investment in ARCHE in 2014.

As always, many thanks for your support.

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Kevin Robert Frost Chief Executive Officer

The Newsletter of amfAR, The Foundation for AIDS Research FALL 2013

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DELTA

UNAIDS Reports Decline in HIV Infections and AIDS Deaths

In its 2013 Report on the Global AIDS Epidemic, released September 23, UNAIDS estimates that new HIV infections declined from 3.4 million globally in 2001 to 2.3 million in 2012. According to the report, this 33 percent reduction puts the world on track to meet UN Millennium Development Goal 6A: to halt and begin to reverse the spread of HIV by 2015.

- New infections among children fell by 52 percent over the same period, and AIDS-related deaths have dropped by 30 percent since peaking in 2005.
- The number of people in low- and middle-income countries receiving antiretroviral therapy increased by 20 percent in just one year, to 9.7 million.
- Global funding for HIV/AIDS rose to \$18.9 billion in 2012, up from \$3.8 billion in 2002.
- Low- and middle-income countries have significantly increased their funding levels, with domestic investments now accounting for 53 percent of all global HIV spending.

Sixty percent of countries currently have punitive laws that hamper the provision of HIV services to the populations most at risk of infection, including people who inject drugs, women and girls, and gay men, other men who have sex with men and transgender individuals, and the report warns that progress has stalled in improving human rights for these populations. "The report highlights the tremendous progress we have made in fighting the global epidemic in the past decade," says Chris Collins, amfAR vice president and director of public policy. "It also shows that now is the time to increase our investment in treatment access and prevention programs targeting the most at-risk populations to seize the opportunity to control the epidemic and eventually end AIDS."

For more information, visit www.amfar.org/publicpolicy.html.

INNOVATIONS

New Short Films Look at Injection Drug Use and HIV

amfAR has produced a series of three new short films on the wide-ranging public health and economic benefits of syringe services programs (SSPs). The films, along with amfAR's original film on the topic, *The Exchange*, can be viewed at a new website designed to educate policy makers and the public on the benefits of these programs.

Dollars & Sense discusses the economic benefits of syringe exchange programs, which can save millions of dollars in HIV and hepatitis C treatment costs averted. **Race & Drugs** looks at why some racial groups are at higher risk of infection and how SSPs are helping them get the support they need. And, with heroin use in the U.S. almost doubling during the last five years, **Addiction & You** shows that the need for SSPs is not confined to the inner city.



Visit **theexchange.amfar.org** to view the films and help amfAR end the ban on federal funding for syringe services programs.

Syringe Exchange CONTINUED FROM PAGE 1

using drugs," said panelist Jim Pugel, Chief of Police in Seattle, a city that has offered SSPs since the late 1980s. "That was so far from the truth."

A study by the Institute of Medicine shows that SSPs neither encourage the initiation of drug use nor increase the frequency of drug use among current users. And study after study shows that they do prevent HIV and hepatitis C infection by reducing the sharing of contaminated needles. Leading public health and medical organizations including the American Medical Association, the National Academy of Sciences, the World Health Organization, and the World Bank have endorsed SSPs—as have the American Bar Association and the U.S. Conference of Mayors.

In 2009, bolstered by the advocacy efforts of a coalition of organizations including amfAR, Congress voted to end the then 21 year-old ban on funding SSPs. However, in 2011 they reinstated it. During the two years when the ban was lifted, 12 states allocated over \$5.5 million in federal dollars from their own budgets for SSPs, resulting in estimated savings of more than \$38 million in HIV treatment costs averted. Because many injection drug users (IDUs) do not have private insurance and rely on government health services, much of that savings goes directly to the American taxpayer.

Panelist Kristin Dubay-Horton, M.P.H., director of Health and Social Services at the Bridgeport Health Department in Connecticut, said that in her community, half of all HIV infections come from injection drug use—well above the national rate of 10 percent. She oversees two SSPs that are featured in amfAR's ten minute film, *The Exchange*, about the positive impact the programs can have on individuals and communities.

A recent study showed that onethird of Americans who used drugs for the first time in 2009 began by using a prescription drug recreationally. In 2011, the White House issued a Prescription Drug Abuse Prevention Plan to crack down on non-medical prescription drug use. But reducing the supply of these pills may have the unintended consequence of increasing injection drug use without accessible bridges to addiction treatment. Many rural and suburban areas across the country are seeing increases in injection drug use. HIV has yet to break into many of these often isolated areas but panelist Jennifer Havens, Ph.D., M.P.H., an assistant professor on Drug and Alcohol Research at the University of Kentucky, believes it is just a matter of time until it does.

Chief Pugel reported that in Seattle, when police pick up low-level, non-violent drug offenders, they don't take them to jail; they take them to SSPs to get linked to housing, job counseling, or healthcare, depending on their need. According to one study, drug users accessing SSPs are five times more likely to enter a drug treatment program. SSPs also reduce the risk to police officers and firefighters of needlestick injuries. Connecticut police officers reported two-thirds fewer needle sticks after SSPs were implemented.

According to Pugel, not prosecuting low-level offenders does not mean the city's going soft on crime. "It's the largelevel dealer who is not addicted who is the business person who we will always go after—and have fun doing it," he says. "Going after the low-level dealer is too easy and it doesn't work. They need help," he adds, explaining why it is time for the government to stop pursuing policies that have failed to curb drug abuse in America—and instead to focus on those that are proven to work.

POLICY

PEPFAR Turns 10: The Progress and the Promise

Ten years ago, with AIDS-related deaths and new infections rising steadily around the globe, President George W. Bush signed the bill creating The President's Emergency Plan for AIDS Relief (PEPFAR). It committed \$15 billion over five years to, as he stated at the time,

"turn the tide against AIDS" globally. Ten years later, that goal seems in sight. "Today we are drawing near the tipping point in the AIDS pandemic, in large part because of America's investment in PEPFAR," says Chris Collins, amfAR vice president and director of public policy.

PEPFAR is the largest international program responding to the global AIDS epidemic and the largest commitment one nation has ever made to combat a disease internationally. When it began, approximately 50,000 people in sub-Saharan African were receiving antiretroviral therapy (ART). Today, more than five million people worldwide are receiving ART through PEPFAR, up from 1.7 million in 2008. In 2012, this included 750,000 HIV-positive pregnant women, allowing more than 230,000 infants to be born HIV free. In 2012, it also provided HIV testing and counseling for more than 46.5 million people and direct care and support for more than 15 million people, including 4.5 million orphans and vulnerable children. Due in no small part to these efforts, new HIV infections haven fallen 20 percent since 2001, and AIDSrelated deaths have decreased from 2.3 million in 2005 to 1.7 million in 2011.

In 2008, Congress renewed PEPFAR and, with bipartisan support, voted to more than triple its funding to \$48 billion over five years. In November 2011, then-Secretary of State Hillary Clinton announced that achieving an AIDS-free generation was not only a real possibility, it was a "policy priority" for the U.S. government. However, current PEPFAR funding levels are down 12 percent over their height in 2010, and the White House has proposed additional cuts for 2014, possibly putting PEPFAR at its lowest funding level since 2007. ■

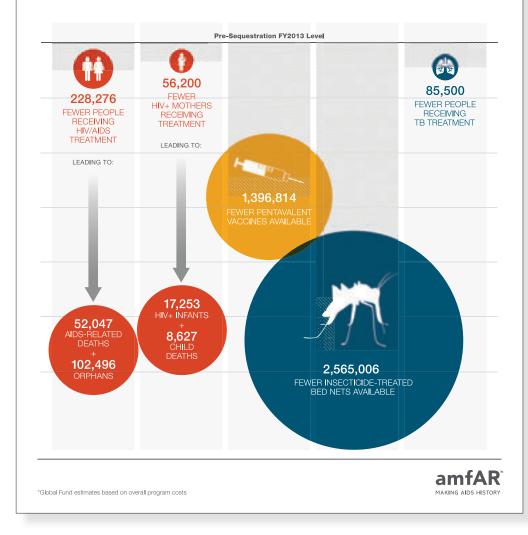


In 2003, approximately 50,000 people in sub-Saharan Africa were receiving ART. Today, millions in the region receive HIV care through PEPFAR.

The Impact of Sequestration on US-Funded Global Health Programs

A 7.3 percent cut to global health funding through sequestration would have negligible impact on the US budget deficit but serious negative implications for the health of millions of people. Using the latest available data on budget allocations, unit costs, and public health outcomes, amfAR has created an infographic that estimates the potential human impact of US budget sequestration in Fiscal Year 2014.

 PEPFAR – President's Emergency Plan for AIDS Relief
GAVI Alliance
Global Fund to Fight AIDS, Tuberculosis and Malaria*



ESEARCH

Infusion of Funding for amfAR HIV Cure Consortium

NEW GRANTS ENABLE LEADING SCIENTISTS TO BUILD ON RESEARCH MOMENTUM IN COLLABORATIVE EFFORT TO ERADICATE HIV

In July, amfAR awarded four new grants totaling more than \$1.4 million for curefocused research being conducted by scientists at leading research institutions around the world. The grants were made through the amfAR Research Consortium on HIV Eradication (ARCHE).

The awards will enable researchers from the United States, United Kingdom, France, Thailand, and Australia to collaborate on studies exploring potential strategies for eliminating HIV infection. "Through ARCHE, amfAR leverages the expertise and innovation of distinguished scientists from across the globe to advance cure-focused research," said amfAR CEO Kevin Robert Frost. "Some of the most important recent advances in HIV research are the result of strategic collaborations among amfAR-funded scientists and are a testament to the success of our cooperative approach to research."

One study, led by Dr. Eric Arts of Case Western Reserve University in Cleveland, Ohio, aims to develop and test a vaccine-like HIV treatment specific to each patient's virus. Unlike other approaches toward an HIV cure that focus on inducing cell changes in all cells that are vulnerable to HIV infection, this treatment specifically targets the infected cells lying dormant in the viral reservoir. Dr. Arts and Dr. Yong Gao from Case Western will work with Drs. Robin Shattock, Sarah Fidler, and Caroline Foster of Imperial College London to study the treatment's effectiveness.

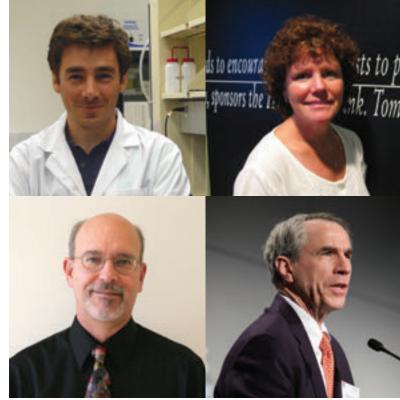
In another study, a team led by Dr. Nicolas Chomont of the Vaccine and Gene Therapy Institute in Port St. Lucie, Florida, will study HIV persistence in T-cell subsets during antiretroviral therapy. Specifically, they will investigate the subsets of CD4+ T memory cells—the cells where the HIV reservoir mainly resides—and the roles they may play as a potential target for a ARCHE grantees (clockwise from top left) Drs. Nicolas Chomont, Sarah Palmer, Robert Siliciano, and Jerome Zack.

cure. Dr. Chomont will work in collaboration with three-time ARCHE grantees Dr. Sarah Palmer of the University of Sydney in Australia and Dr. Steven Deeks of the University of California, San Francisco; Dr. Jintanat Ananworanich from SEARCH in Bangkok, Thailand; and Dr. Asier Saez-Cirion of Institut Pasteur in Paris, France.

Researchers from University of California, Los Angeles (UCLA), and University of Washington led by Dr. Scott Kitchen of UCLA will explore gene therapy using stem cells as a potential cure. Joined by Drs. Jerome Zack and Irvin Chen from UCLA and Dr. Hans-Peter Kiem of University of Washington, the researchers plan to modify stem cells so that they bind directly to HIV. These modified cells would then mature into a specific type of immune cells that can kill infected cells. The researchers theorize that the treatment will help to reduce the size of, and perhaps even eradicate, the viral reservoir. The fourth study will be conducted by four-time ARCHE grantee Dr. Robert Siliciano of Johns Hopkins University in Baltimore. Dr. Siliciano will build on his recent finding that as many as 40 to 50 times as many cells may harbor viruses than are counted in size estimates of the viral reservoir. Dr. Siliciano will focus on identifying those cells and their properties, and determining how the viruses may be induced out of these infected cells so they can be targeted by antiretroviral therapy.

"The ARCHE program has enabled us to gain invaluable insights into how we can potentially eradicate HIV," said Dr. Rowena Johnston, amfAR vice president and director of research. "As we enter our fourth year of ARCHE funding, we are excited at the prospect of generating further discoveries that could ultimately bring us the cure that we so urgently need."

5



HIV Patients CONTINUED FROM PAGE 1

amfAR, he conducted a clinical study in which his research team withdrew the patients' antiretroviral therapy and performed several sophisticated assays looking for signs of viral rebound in blood and other tissues. One patient had been off treatment with no detectable virus for approximately 15 weeks, and the second patient for seven weeks, with similar results. However, it is too soon to draw any definitive long-term conclusions.

It is also unclear how long viral rebound might take in a patient whose viral reservoirs have been dramatically depleted, but not eradicated. According to amfAR/ARCHE grantee Dr. Robert Siliciano of Johns Hopkins University, it may take over a year. Previously a patient in a study by the National Institutes of Health had gone 50 days after treatment withdrawal without viral rebound. Dr. Henrich's patients were at or beyond this threshold, and more definitive answers will emerge as these patients continue to be closely monitored.

"These findings clearly provide important new information that might well alter the current thinking about HIV and gene therapy,"

"These findings clearly provide important new information that might well alter the current thinking about HIV and gene therapy." said amfAR CEO Kevin Robert Frost. "While stem-cell transplantation is not a viable option for people with HIV on a broad scale because of its costs and complexity, these new cases could lead us to new approaches to treating, and ultimately even eradicating, HIV."

"Dr. Henrich is charting new territory in HIV eradication research."

The first person to be cured of HIV, Timothy Brown ("the Berlin patient"), also underwent a stem-cell transplant to treat his leukemia. These new cases differ significantly, however, in that the stem-cell donors lacked the genetic mutation (CCR5 delta32) that renders a person virtually resistant to HIV infection. Nor did Dr. Henrich's patients undergo the intensive chemotherapy or total body irradiation that preceded Timothy Brown's stem-cell transplant.

"Dr. Henrich is charting new territory in HIV eradication research," said amfAR Vice President and Director of Research Dr. Rowena Johnston. "Whatever the outcome, we will have learned more about what it will take to cure HIV. We believe amfAR's continued investments in HIV cure-based research are beginning to show real results and will ultimately lead us to a cure in our lifetime."

amfAR Funding: A Lifeline for Talented Young Researchers

SIX SCIENTISTS SHARE ALMOST \$1 MILLION IN MATHILDE KRIM FELLOWSHIPS

In an era of budget cutting and economic uncertainty, amfAR's Mathilde Krim Fellowships in Basic Biomedical Research are a stable and reliable source of funding for promising young scientists seeking to establish a career in HIV/AIDS research. Named for amfAR's founding chairman, the fellowships are prestigious and highly competitive. Each \$150,000 award provides funding for two years for a project carried out under the mentorship of a seasoned investigator.

The six new Mathilde Krim Fellows are: **Rafael Cubas**, **Ph.D.**, Vaccine and Gene Therapy Institute Florida, Port St. Lucie, FL; **Dario Dilernia**, **Ph.D.**, Emory University, Atlanta, GA; **Nuria Izquierdo-Useros**, **Ph.D.**, AIDS Research Institute IrsiCaixa, Badalona, Spain; **Kashif Sadiq**, **Ph.D.**, Universitat Pompeu Fabra, Barcelona, Spain; **Damien Tully**, **Ph.D.**, Massachusetts General Hospital, Cambridge, MA; and **Angela Wahl**, **Ph.D.**, University of North Carolina at Chapel Hill.

The scientists will pursue a range of projects including research on potential methods of attacking reservoirs of latent HIV, studies of the process by which HIV spreads and causes disease, and a study of the way HIV is transmitted through breast milk, a mechanism that is not yet fully understood.

"We're thrilled to be able to invigorate the field of AIDS research

by nurturing another group of very talented young scientists," said Dr. Rowena Johnston, amfAR vice president and director of research. "Their studies will yield important new knowledge that will contribute to our understanding of HIV and how we might defeat it."



Damien Tully, Ph.D.



Nuria Izquierdo-Useros, Ph.D.



Kashif Sadiq, Ph.D.

www.amfar.org amfAR, The Foundation for AIDS Research

Preventing Forced Abortion and Sterilization

Administering antiretroviral therapy (ART) to pregnant women and then to their infants, and instructing mothers to avoid breastfeeding in settings where that is safe and feasible can reduce the risk of motherto-child HIV transmission to below one percent. Effective ART can Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, called forced sterilization of vulnerable communities "an act of violence... and a violation of the right to be free from torture and other cruel, inhuman, or degrading treatment or punishment."

also ensure that HIV-positive parents will have long, healthy lives. However, despite these medical advances, a report by the Asia-Pacific Network of People Living with HIV (APN+) showed that some HIV-positive women are being pushed to have abortions and sterilization procedures.

Their 2011 survey of 757 HIVpositive women from six countries in South and Southeast Asia reported abortion rates between eight percent (Indonesia) and 44 percent (Vietnam). Of the women who had an abortion, 29 percent indicated that they were wanted pregnancies. Between 18

percent (Vietnam) and 40 percent (Indonesia) of the women were asked to consider sterilization, and 60 percent of these recommendations came from their doctors. Juan Mendez, the United Nations Special



A pediatrician in Indonesia counsels a mother about HIV care for her daughter.

TREAT Asia recently began working with the United Nations agencies on HIV (UNAIDS), development (UNDP), and children (UNICEF), and APN+ to develop a coordinated response to prevent forced abortion and sterilization, and ensure access to non-stigmatizing reproductive healthcare for women with HIV in the region. First, local lawyers will document existing laws and enforcement mechanisms that protect sexual and reproductive health rights. The results will be used to guide subsequent interventions aimed at improving national reproductive health policy. Additionally, the

organizations are working to develop a broader

range of activities, including community trainings on reproductive rights, and advocacy efforts to improve women's access to healthcare in general and to reproductive health specifically.

Indian Supreme Court Ruling Preserves Access to Low-Cost Drugs

In April, the Indian Supreme Court upheld a portion of India's patent law critical to preserving the nation's generic drug industry when it ruled that the Swiss pharmaceutical company Novartis should not receive a patent for its leukemia drug Gleevec®. India is the world's largest producer of generic drugs and manufactures more than 80 percent of the low-cost HIV medicines used to treat HIV-positive individuals in low- and middleincome countries. The patent lawsuit threatened that life-saving supply.

"The Supreme Court's ruling will prevent companies from further seeking unwarranted patents on HIV and other essential medicines," said Giten Khwairakpam, TREAT Asia's project manager for community and policy.

Novartis's seven-year legal battle against India's 2005 Patents Act focused on one section of the act, Section 3(d), that prohibits frivolous patent extensions for minor changes to existing drugs that do not significantly improve their efficacy. This practice is known as "evergreening" because it extends pharmaceutical companies' monopolies on drugs and prevents generic production. The court's decision affirmed that Gleevec is too similar to a previous drug to warrant a new patent under Section 3(d), and rejected the company's contention that the section violates their intellectual property rights.

Loon Gangte of the Delhi Network of Positive People (DNP+) called the decision, "A crucial victory for people living with HIV and other diseases who can continue to rely on India for access to affordable treatment," adding, "We have been filing several oppositions to patent applications on ARV medicines on the basis of Section 3(d)."

Novartis denounced the ruling as a symptom of "India's growing non-recognition of intellectual property rights that sustain research and development for innovative medicines." Yet India has granted hundreds of patents since it enacted its Patents Act to comply with international trade standards. The only patents it does not grant are those considered to be cases of evergreening, as opposed to real medical innovation.



India is the world's largest producer of generic drugs.

Free trade agreements (FTAs) like the Trans-Pacific Partnership (TPP) now threaten to thwart this progress towards improved access to generic drugs. The U.S. and a number of countries in Asia and the Pacific are currently negotiating the TPP. As with many FTAs, current proposals require that member nations adopt stringent intellectual property provisions similar to those in the U.S. that would delay the availability of generic medicines and decrease competition among generic drug manufacturers. However, this competition caused the price of firstgeneration HIV medicines to plummet from \$10,000 per person per year in 2000 to as low as \$60 today. The price of free trade could prove to be very high for those living in the world's poorer countries.

Children Continue to Start HIV Treatment too Late

Antiretroviral therapy (ART) has transformed pediatric HIV from a disease with a 50 percent mortality rate before the age of two in Sub-Saharan Africa into a chronic illness that can be controlled with medicines. ART works by stopping HIV from destroying CD4 cells, a type of white blood cell that prevents and fights infection. However, while the World Health Organization (WHO) recommends that all HIV-positive children under two years of age start ART, a new study shows that too few are receiving treatment before HIV causes their CD4 levels to fall to dangerous levels.

The TREAT Asia Pediatric HIV Observational Database (TApHOD) contributed to a global study of CD4 levels of children starting ART in low-, middle-, and high-income countries around the world. The analysis included data from 35,823 children (with a median age of 5.4 years) from 24 countries. It showed that more than 50 percent of children already had severely weakened immune systems, indicated by low CD4 levels, by the time they began ART. Most often, it was children younger than one who had the lowest CD4 levels



and were consequently most in need of treatment. The prevalence of children who already had severe immunodeficiency when starting ART was 22 percent in high-income countries, but more than double this in low- and middle-income countries at 57–63 percent. Although overall CD4 levels at ART initiation have somewhat improved over time, the majority of children in poorer settings are still starting ART with severely weakened immune systems.

These children need to be tested earlier so that they can receive treatment before their risk for opportunistic infections, impaired growth, and slow brain development increases.

New Awards for Front-Line Groups in Eastern Europe and Central Asia

amfAR COMMUNITY AWARDS SUPPORT HIV PROGRAMS TARGETING THE NEEDS OF GMT

In October, amfAR announced a new round of community awards that will support front-line organizations in Eastern Europe and Central Asia in their efforts to reduce the spread and impact of HIV among gay men, other men who have sex with men, and transgender individuals (collectively, GMT). HIV prevalence in the region has grown significantly in the past decade, swelling from 970,000 in 2001 to 1.4 million in 2011.



Ten awards, totaling more than \$161,000, will bolster the efforts of organizations in Armenia, Bosnia, Kazakhstan, Kyrgyzstan, Macedonia, Serbia, and Tajikistan. The awards were made through amfAR's GMT Initiative.

"Eastern Europe and Central Asia are struggling to contain the spread of HIV/AIDS, especially among high-risk key populations that are disproportionately affected by the epidemic, including GMT, sex workers, and injection drug users," said Kent Klindera, director of amfAR's GMT Initiative. "The continued marginalization of these populations, along with widespread stigma and

Members of GMT grantee partner Azimut Plus hold a Day of Gay Pride in a park in Kazakhstan. discrimination, makes it difficult for them to access the HIV services they so desperately need."

The awards will fund a wide range of projects aimed at increasing access to HIV testing, treatment, and other health services for GMT, and reducing stigma and discrimination. ■

Awards were made to the following organizations:

- We for Civil Equality (WFCE) (Yerevan, Armenia)
- Partnerships in Health (PIH) (Sarajevo, Bosnia-Herzegovina)
- Azimut Plus (AP) (Karaganda, Kazakhstan)
- Kyrgyz Indigo (Bishkek, Kyrgyzstan)
- Pathfinder (Bishkek, Kyrgyzstan)
- STAR-STAR (Skopje, Macedonia)
- Juventas (Podgorica, Montenegro)
- Safe Pulse of Youth (SPY) (Belgrade, Serbia)
- Q-Club (Belgrade, Serbia)
- Equal Opportunities (EO) (Dushanbe, Tajikistan)

Adopting New Technologies in the Fight Against AIDS

New HIV infection rates among gay men, other men who have sex with men (MSM), and transgender individuals (collectively, GMT) are increasing despite a slight decline in global infection numbers. In response to this alarming upward trend, a group of more than 40 prominent HIV activists, scientists, entrepreneurs, and public health leaders from around the world recently met in Washington, D.C., to discuss how Internet, social media, and communication technology can advance the fight against HIV among GMT.

The meeting—hosted by the U.S. Agency for International Development (USAID), and co-sponsored by the President's Emergency Plan for AIDS Relief (PEPFAR), amfAR, and the National Institute of Mental Health (NIMH)—concluded with a call for an increased recognition that HIV among GMT requires an innovative global response using modern technologies to maximize breakthroughs in prevention and treatment.

"We must better use communication technology and social media platforms in order to confront the epidemic among gay men, other MSM, and transgender individuals in the U.S and internationally," said Kent Klindera, director of amfAR's GMT Initiative.

Forging new partnerships with communication technology companies and entrepreneurs in the private sector would be an important first step, as the GMT population has traditionally embraced social media. "Gay men have a history of adopting new technologies to



Internet, social media, and communication technology can advance the fight against HIV among GMT.

find each other, especially when stigma and discrimination force many underground," said Laurindo Garcia, founder of B-Change, a social enterprise with headquarters in Manila, Philippines, that has a vision of promoting social change through technology. "In this digital age, public health needs to better leverage the Internet, apps, and social media."

Attendees at the meeting focused on lower- and middleincome countries, where PEPFAR and the Global Fund are aiming to increase their impact. In many of these countries GMT face widespread discrimination and are often neglected in national AIDS strategic plans. Through new approaches in communication technologies, participants at the meeting hope to make prevention, testing, and treatment messages more readily available to those who need them most.

The View from the Front Lines

In many countries, community-based organizations working to provide HIV/AIDS services to gay men, other men who have sex with men, and transgender individuals (collectively, GMT) operate in extremely challenging environments. Since 2007, amfAR has supported 170 such organizations in 81 countries through its GMT Initiative. GRASSROOTS, a blog on amfar.org, chronicles the courageous efforts of the staff and volunteers at some of these groups as they confront stigma, discrimination, hostility ... and HIV/AIDS.

Recent blog profiles include:

• SOMOSGAY, who made history in Paraguay and in Latin America in June when they opened the first holistic care center for men. The KUIMBA'E Center offers men free, non-discriminatory care and rapid HIV testing. • Alternatives-Cameroun, which, after suffering a string of discriminatory attacks—most notably the firebombing of their headquarters—had to suspend their HIV outreach work due to security concerns.

• Caleb Orozco, executive director of United Belize Advocacy Movement (UNIBAM), who is fighting to overturn the law in Belize that criminalizes same-sex sexual activity. As the sole plaintiff in a case against the Attorney General of Belize, Orozco hopes to cast a global spotlight on the Caribbean region's discriminatory practices against GMT and encourage progress toward the equal treatment of this often persecuted population.

Phoenix Plus, an NGO in
Orlovskaya, Oblast, Russia, and a former
GMT Initiative grantee. In September, Phoenix
Plus Chairman of the Board Evgeny Pisemsky



Protesters against the new Gender Policy take over a street in San Ignacio, Belize.

spoke to amfAR about Russia's new bill banning "propaganda of non-traditional sexual relations to minors" and how it will affect HIV outreach programs targeting GMT in Russia. ■

The GRASSROOTS blog can be found at www.amfar.org/gmt/

Inspiration: New York, São Paulo, and Toronto

The Inspiration series, produced by Josh Wood productions, is a celebration of men's style that benefits amfAR's innovative AIDS research programs. This year's events featured rousing musical performances, runway shows, and tributes to Jennifer Lopez, Valentino, Pelé, Alan Cumming, and Fergie. Collectively, the three events raised close to \$3.5 million.

Special thanks: M•A•C Viva Glam, Microsoft, Silvia Furmanovich, Moët & Chandon, Vogue, Mantella Corp., Shangri-La Hotel, Pennant Media Group, Boss Print + Creative Services, Louis Vuitton, Iguatemi São Paulo, Schutz, Angra Partners, Lilly Sarit, Hugo Boss, Karavelle, Ketel One Vodka, and The Plaza Hotel



Honorary Chair Hilary Swank and amfAR CEO Kevin Robert Frost on the red carpet in Toronto. (Photo: Ryan Emberley)



Pop sensation Carly Rae Jepsen performed in New York. (Photo: Kevin Tachman)



amfAR Chairman Kenneth Cole with Humanitarian Award honoree Jennifer Lopez in New York. (Photo: Kevin Tachman)

amfAR

AKING AIDS HISTOR

Indie band Gossip dazzled the Toronto crowd. (Photo: Ryan Emberley)



Alan Cumming received the Award of Courage in New York. (Photo: Kevin Tachman)



Gilberto Gil takes the stage in São Paulo. (Photo: Luciana Prezia)



amfAR Award of Inspiration recipient Fergie in São Paulo with husband, Josh Duhamel. (Photo: Luciana Prezia)

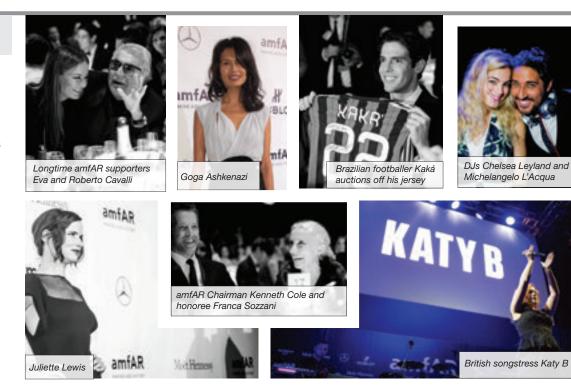


Humanitarian Award honoree Pelé in São Paulo. (Photo: Luciana Prezia)

amfAR Milano

On September 21, amfAR held its fifth annual amfAR Milano event in conjunction with Milan Fashion Week. This year *Italian Vogue* editor in chief and humanitarian, Franca Sozzani, received amfAR's Award of Courage for her compassionate support of people living with HIV. The event also included a stunning performance by British recording star Katy B.

Special thanks: Hublot, Moët Hennessy, Mercedes-Benz, and Vionnet (Photos: Kevin Tachman)



Kiehl's LifeRide



The fourth annual Kiehl's LifeRide for amfAR, a charity motorcycle ride led by Kiehl's USA President Chris Salgardo and amfAR CEO Kevin Robert Frost, took place in early August. Riders including John Corbett, Kurt Yaeger, and World Cup Rugby Champion Ben Cohen travelled from Washington to California making stops at Kiehl's retail stores along the route. The group raised money for amfAR while heightening AIDS awareness. amfAR Global Fundraising Chairman Sharon Stone was on hand to accept a check for \$150,000 from Kiehl's at the LifeRide Finale on August 8 at The Grove in Los Angeles.

Special thanks: M·A·C Viva Glam, FIJI Water, Delta Air Lines (Photo: Kevin Tachman)



generationCURE: L.A. Kick-off and Solstice



generationCURE's celebrity ambassador Kelly Osbourne (Photo: Max Toppin)

In May, Kelly Osbourne headlined generationCURE's Los Angeles Kick-Off event. The following month, genCURE celebrated the approaching summer with its 2nd annual Solstice party. To date, generationCURE—a group of young professionals dedicated to helping amfAR accelerate its search for a cure for HIV/AIDS—has raised more than \$110,000.

Special thanks: Amberdale Productions, Harrison Street Productions, AriZona, Tequila Avion, V. Brown & Company, and New York Magazine

Bloomingdale's

As part of its seasonal Fashionable Fundraiser, August 22–23, 2013, Bloomingdale's and Bloomingdales.com pledged a \$75,000 donation to amfAR. Shoppers were encouraged to learn about amfAR and were treated to savings on merchandise purchased instore and online during those two days.





(Photo: Andreas Tischler)

Life Ball



"Saving lives with imagination" was the motto of the "1001 Nights" themed 2013 Life Ball celebration. Attending the May event were amfAR representatives Hilary Swank and Fergie. Life Ball combines the great Viennese Ball tradition with glamorous, outlandish performances, and inspirational speeches. This year's event raised over \$500,000 for amfAR's TREAT Asia pediatric program and GMT Initiative.

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The Newsletter of amAR, The Foundation for AIDS Research

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- Wake of Stem-Cell Transplants Researcher Reports Two HIV Patients Showing No Signs of Virus in
- VIH etacibers of troffs evisered of mutnemoM New Grants Enable Leading Scientists to Build on Research
- amfAR Steps Up Advocacy Efforts on Syringe Exchange

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2013–2014 Calend

FALL 2013

For more information, visit www.amfar.org.

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Support HIV/AIDS research for a cure Go to: amfar.org/donate

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for Gay Men and Other MSM in Southern Africa

Special Report: Achieving an AIDS-Free Generation

Fund to Fight AIDS, Tuberculosis and Malaria, Dr. Mark Dybul, talks to amfAR.

Dr. Mark Dybul

The executive director of the Global

a sample of what you'll find at www.amfar.org: Dr. Jim Kim An exclusive interview with the



president of the World Bank Group, Dr. Jim Kim.

interviews, analysis, and special reports. Here's

On The Web amfAR's website contains a wealth of insightful and original content, including news features,

The most meaningful present doesn't need gift wrap

-just a ribbon.