



ANNUAL REPORT 2009

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amfar, THE FOUNDATION FOR AIDS RESEARCH, IS DEDICATED TO ENDING THE GLOBAL AIDS EPIDEMIC THROUGH INNOVATIVE RESEARCH.

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FROM THE CHAIRMAN AND CEO

A Critical Mass

FOR 20 YEARS, AMFAR HAS LED THE CALL FOR THE REMOVAL OF THE BAN ON FEDERAL FUNDING FOR SYRINGE EXCHANGE PROGRAMS. Those efforts were finally rewarded in 2009 with a policy victory that will help reshape the U.S. response to the domestic HIV/ AIDS epidemic. A House vote in July finally paved the way for the ban's removal. This victory for public health and common sense, signed into law in January 2010, has the potential to prevent thousands of new infections each year that are the result of contaminated injection equipment being shared by drug users.

In a human rights victory for which amfAR had also campaigned vigorously, the ban on entry into the U.S. by HIV-positive foreigners—a relic of the 1980s—was also lifted in 2009. And we made substantial headway on another domestic policy priority that finally saw the light of day in 2010: a National HIV/AIDS Strategy for the U.S.

This excellent progress on the policy front was matched by advances in the international arena. We expanded the reach of our MSM Initiative with new awards for grassroots HIV/AIDS organizations fighting for the rights and the very survival of MSM in Eastern Europe and Central Asia, where widespread injection drug use has contributed to rising rates of HIV infection. And in Asia, our TREAT Asia network made solid progress on a wide range of collaborative research, education, and advocacy projects that are helping extend and improve the lives of men, women, and children across the continent.

While we take enormous pride in these and other accomplishments of 2009, it is the progress being made by amfAR-funded scientists that gives us tremendous hope for the future. A 2009 article noted that amfAR has "never lost faith in the possibility of a cure for HIV." With increasingly shaky prospects for expanding, or even sustaining, global treatment efforts, the need for lasting solutions is more acute than ever. As a longtime leader in the search for a cure, amfAR shares in the growing excitement at recent progress in this area. We believe our knowledge of HIV has finally reached the critical mass necessary to accelerate research toward a cure, and we will zealously pursue that goal.

As always, our work would not be possible without your generous support. Thank you, and please stay with us as we write what we hope will be the final chapter on HIV/AIDS.



KENNETH COLE Chairman of the Board



KEVIN ROBERT FROST Chief Executive Officer



At amfAR, we're working to bring the global AIDS epidemic to an end.

In 2009, we made 139 grants and awards to AIDS researchers and grassroots organizations in 39 countries around the world.

With their help, we're making progress on HIV prevention, we're improving treatment, promoting human rights and access to care, and advancing the research that offers our only hope of finding a cure for HIV/AIDS.

Together with our partners—and with your help—we're seeking, finding, and applying the science-based solutions that will one day bring us a world without AIDS.

RESEARCH

"While others have doubted, amfAR has always believed a cure for AIDS to be possible."—Dr. Martin Markowitz, Aaron Diamond AIDS Research Center

Innovative research lies at the heart of amfAR's efforts to end the HIV/AIDS pandemic. From pioneering new ways to prevent and treat HIV to cutting-edge explorations aimed at finding a cure, amfAR-funded scientists are leading the way to a world without AIDS.

■ IS A CURE FOR AIDS POSSIBLE?

IN A STUDY OF HOW HIV PERSISTS IN THE BODY despite treatment, amfAR fellow Dr. Nicolas Chomont and his colleagues at the University of Montreal and McGill University characterized barriers to a cure.



Attempts to eradicate HIV have been hindered by its ability to lie dormant in reservoirs beyond the reach of the immune system or drug treatments. Dr. Chomont and his colleagues, former amfAR grantees Drs. Elias Haddad, Jean-Pierre Routy, and Rafick-Pierre Sékaly, sought to understand how the virus is able to hide in this way.





Writing in the online edition of *Nature Medicine*, the researchers noted that HIV persists in two types of memory T cells: the "central memory" or T_{CM} cell, and the "transitional memory" or T_{TM} cell. Both types of memory cells can persist for decades—but Chomont and his colleagues uncovered a crucial difference in the way infection is maintained in these two cell types.

Dr. Chomont and his associates found that there are different forces driving infection for each type of memory T cell: foreign antigens for T_{CM} and immune hormones such as IL-7 for T_{TM} .





Pinpointing these engines of infection may lead the way to eradicating the virus, Dr. Chomont says. The study concluded that inhibiting IL-7 and similar drivers of infection may help stop the virus in its tracks—and may help scientists reach their ultimate goal of a cure for HIV/AIDS.

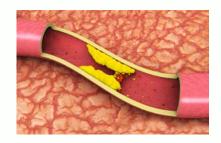
HIV, HAART, AND THE HEART

THE ASTOUNDING SUCCESS OF HIGHLY ACTIVE antiretroviral therapy (HAART) has led to a dramatic increase in the number of people older than 50 living with HIV in the U.S. But what are the long-term effects of these medications? amfAR grantee Dr. Steven Deeks undertook a study of the relationships between HIV, HAART, and the risk of developing heart disease.



Dr. Deeks and his colleagues at the University of California-San Francisco conducted a series of tests among four groups in the same age range: "elite controllers," who are HIV positive but maintain undetectable viral loads even without treatment; HIV-positive people on HAART; untreated HIV-positive people; and HIV-negative people.





Writing in *AIDS*, the researchers reported that several risk factors for heart disease—including increased thickness of the carotid artery wall and higher levels of certain blood proteins—were associated with HIV infection regardless of whether the infection was being treated. Taking HAART was associated with additional risk for thickened arteries and inflammation.

The researchers suggest that the increased immune response prompted by HIV infection—which is seen in elite controllers as well as other infected people—is responsible for these changes, which can leave an individual at increased risk for heart disease.





While the benefits of HIV treatments still vastly outweigh the risks, this study suggests the need for more research into improving the side effect profile of HAART, and for careful cardiovascular assessment of patients who have been living with HIV for many years, regardless of whether they are on treatment.

Money Boys and the Spread of HIV in China

MEN INVOLVED IN TRANSACTIONAL SEX WITH OTHER men represent an important source of HIV transmission in China, especially since condom usage rates are low. Epidemiologic detective work, including several amfAR-funded initiatives in Asia, supports a link between HIV-positive MSM and the spread of the virus among their female partners. In many Asian countries, this accounts for a substantial proportion of cases spread through heterosexual contact.





amfAR-funded researcher Dr. Hongjie Liu of the Virginia Commonwealth School of Medicine has uncovered details of this transmission network in Shenzhen, China. In the August 2009 issue of *AIDS and Behavior*, he noted that Chinese society has long viewed sex between men with disapproval. This view has led the country's MSM to hide their sexuality—indeed, many Chinese MSM marry women while continuing secret sexual relationships with men.

A triad of forces—stigma against homosexuality and pressure to conform to societal norms; clandestine, high-risk sex; and a reluctance among MSM to practice safer sex with their female partners—creates fertile ground for the spread of HIV. "Money boys," or men who sell sex to MSM, appear to be a core HIV transmitter group for MSM and the general population in China because of multiple contacts with male and female sexual partners.





Dr. Liu's study found that money boys had more than twice the number of anal sex partners as MSM who did not sell sex and almost twice as many female sex partners. But he also found that if money boys and other MSM felt that most of their peers used condoms to prevent HIV, they were more likely to use them also.

"Subjective norms"—beliefs about what significant peers think one should do—also had a big impact on condom use. These findings could aid in the design of HIV prevention programs for MSM and also for the general population. ■



Investing in the Future of AIDS Research

FOR THE PAST DECADE, INITIATIVES SUCH AS amfAR'S TREAT Asia program have helped healthcare workers develop the skills needed to combat HIV/AIDS, which affects five million people in Asia. But to a great extent, these skills belong to senior doctors and researchers, many of whom have been working against HIV/AIDS since the early days of the epidemic. So the question is raised: Where is the next generation of HIV specialists in Asia?



To address Asia's urgent need to develop a new generation of advanced HIV practitioners, TREAT Asia launched a series of educational programs in 2009 aimed at building skills and enhancing research opportunities among early-career doctors and researchers. "By providing these types of opportunities to junior doctors, we are investing in the long-term sustainability of our mission and network," explained TREAT Asia Director Annette Sohn, M.D.





The first of TREAT Asia's trainings for junior researchers was a Bangkok workshop designed to sharpen English-language scientific writing skills. "Participants were from different countries, we had different backgrounds, and many of us were new to the world of research and publication," said Dr. Lee Lee Low, a young investigator from Kuala Lumpur, Malaysia. "We learned the whole process of writing and developing a research article, from searching for the most appropriate title to publicizing it."

A second writing workshop on publishing pediatric research was held in Kuala Lumpur. A third on resistance and biostatistics, staged in Bangkok, helped participants develop the tools to analyze some of their own resistance data and evaluate the quality of care they are delivering.





The workshop on resistance and biostatistics addressed some of the most complex HIV treatment and research challenges facing Asia. "Treatment failure is increasing in the region," explained Dr. Sohn. "We now have data, but many investigators don't know how to use it. We're putting tools in the hands of local investigators who have traditionally had to rely on foreign experts."

RESEARCH HIGHLIGHTS, 2009

Is a Cure for AIDS Possible?

The search for a cure has long been at the center of amfAR's research efforts. amfAR fellow Dr. Nicolas Chomont is studying how HIV persists in the body despite treatment—an exploration that may point to new ways of eradicating the virus. (See story on page 5.)

HIV, HAART, AND THE HEART

What are the long-term effects of HIV and its treatment? This is a crucial question for the growing number of people living with HIV who have been on medication for many years. amfAR grantee Dr. Steven Deeks undertook a study of the relationship between HIV, HAART, and the risk of developing heart disease. (See story on page 6.)

New Research Awards

amfAR awarded 13 new research grants and fellowships in 2009 for innovative studies of HIV prevention, treatment, and cure.

TYING UP HIV WITH TETHERIN

Mathilde Krim Fellow Dr. Nolwenn Jouvenet published intriguing findings about a cell protein known as tetherin that has the potential to block HIV and other viruses.

WHAT HAPPENS WHEN TREATMENT FAILS?

amfAR's TREAT Asia program gathered regional community and research leaders for a think tank on treatment failure—an urgent issue facing the Asia-Pacific region as countries scale up access to treatment and increasing numbers of people fail first-line regimens.

INVESTING IN THE FUTURE OF AIDS RESEARCH

TREAT Asia is helping to nurture a new generation of HIV/AIDS specialists in the Asia-Pacific region through a series of educational programs aimed at building skills and enhancing research opportunities among early-career doctors and researchers. (See story on page 9.)

IMPROVING TREATMENT AND CARE FOR CHILDREN WITH HIV

TREAT Asia's Pediatric Network includes 20 sites in seven countries, which share information and best practices in an effort to improve pediatric HIV care throughout Asia and the Pacific. As of October 2009, the TREAT Asia Pediatric HIV Observational Database included data from approximately 3,000 pediatric patients at 12 sites.

Advancing HIV/AIDS Knowledge

Members of the TREAT Asia network published research papers on a wide range of subjects including HIV and tuberculosis, treatment failure, resistance testing, and treatment outcomes in major scientific journals including AIDS, Clinical Infectious Diseases, HIV Medicine, International Journal of Epidemiology, and Journal of Acquired Immune Deficiency Syndrome.

Breakthrough Research on Rectal HIV Transmission

amfAR fellows Dr. Brandon Keele and Dr. Carolina Herrera both published results from important studies of rectal HIV transmission—a critical area of research that has been hindered by social taboos and lack of funding.

Dr. Herrera was among a group of amfAR grantees researching rectal HIV transmission who gathered at an amfAR-sponsored conference to share their findings, identify gaps in current knowledge, and establish research priorities.

Money Boys and HIV Anal Cancer and in China HIV

Men involved in transactional sex with other men represent an important source of HIV transmission in China—particularly since many men who have sex with men (MSM) also have female partners. amfAR-funded researcher Dr. Hongjie Liu has found that "money boys," or men who sell sex to MSM, appear to be a core HIV transmitter group because of multiple contacts with male and female sexual partners. (See story on page 7.)

Very little research has been done in Asia on anal cancer among HIV-positive MSM. TREAT Asia and amfAR's MSM Initiative joined forces in 2009 to support clinical research into this emerging issue.

ADVOCACY

"For those living with HIV and AIDS who don't have a voice, amfAR becomes their voice." —Earvin "Magic" Johnson

amfAR is a highly respected advocate of rational, compassionate AIDS policies and a prominent voice in the fight to protect the human rights of people living with HIV around the world.

A CALL TO ACTION AT LANDMARK AIDS SUMMIT

NATIONAL LEADERS AND HIV/AIDS EXPERTS AND advocates called for an overhaul of the federal government's HIV/AIDS response at an amfAR co-sponsored conference on Capitol Hill in May 2009. The panel of prominent presenters, moderated by Ted Koppel, included Speaker of the House Nancy Pelosi, activist Earvin "Magic" Johnson, Global Fund chief Dr. Michel Kazatchkine, White House AIDS czar Jeffrey Crowley, and Dr. Anthony Fauci, who leads AIDS research at the National Institutes of Health.



Speaker Pelosi emphasized the urgency of implementing an evidence-based national AIDS strategy. "Some say we must choose between faith and science," she said. "We say that science is the answer to our prayers." Speaker Pelosi, a long-time leader of the fight against AIDS, was presented with amfAR's Award of Courage along with Magic Johnson, Senator Edward Kennedy, and former U.S. Surgeon General Dr. C. Everett Koop.





Jeffrey Crowley, director of the White House Office of National AIDS Policy, spoke of the Obama administration's emphasis on evidence-based solutions to the epidemic: "The President has asked us to focus on the domestic AIDS battle by following the science."

Washington, D.C., Mayor Adrian Fenty addressed the epidemic in the nation's capital, where HIV prevalence is by far the highest in the U.S. African Americans bear the brunt of the disease in Washington, as they do in many other parts of the country. Dr. Kevin Fenton, director of the National Center for HIV/AIDS at the CDC, noted that blacks comprise 70 percent of all new HIV infections among youth aged 13-29 years and called for stronger prevention measures.





The day-long conference, titled "Future Directions in the Fight Against HIV/AIDS," also included presentations from experts such as Dr. Anthony Fauci (left), director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, who spoke about pathogenesis, treatment, and prevention; and Dr. Jack Whitescarver, director of NIH's Office of AIDS Research.

HARM REDUCTION—MORE THAN SYRINGES

A LEADING ADVOCATE OF SYRINGE EXCHANGE programs (SEPs) to prevent the spread of HIV, amfAR celebrated victory in 2009 when Congress voted to lift its 21-year ban on federal funding for SEPs. More funding will enable outreach specialists like Tino Fuentes (right) of the Washington Heights CORNER Project (WHCP) in New York City to reach larger numbers of injection drug users and others at high risk of HIV.



In these forgotten corners of northern Manhattan, Fuentes and his colleagues have earned the trust of their clients, distributing clean syringes, collecting used ones, and providing condoms and information about HIV prevention and other services. WHCP is one of 19 SEPs in New York State to which amfAR distributes supplies through a contract with the state Department of Health's AIDS Institute.





Research has shown that syringe exchange programs have contributed to an 80 percent reduction in new HIV infections among injection drug users. As the only SEP in northern Manhattan, WHCP is seeking to expand its operations to reach more people in nearby areas. Like most other harm reduction programs, WHCP offers a wide range of essential services in addition to syringe exchange, including HIV and hepatitis C testing, social support, and referrals to other agencies providing healthcare, drug detox, and housing.

Cory, a former sex worker, was diagnosed with HIV at WHCP last summer. Now on antiretroviral therapy, Cory (shown at left with Program Director Taeko Frost) is living in transitional housing while awaiting permanent placement, and has reconnected with her family. As someone who has never injected drugs, she emphasizes that WHCP provides more than just syringes to its diverse clientele. "For anybody who wants help," she says, "this is the place to come."





Each month, WHCP makes between 10 and 20 referrals to drug detox, and countless community members visit to pick up condoms and other supplies. "We do so much with so few resources and so little funding," says Frost. Following the removal of the federal funding ban, amfAR is working with government officials to make sure programs are implemented effectively and equitably.

For clients like Cory, says Taeko Frost, gaining access to medical services and housing has been crucial, "but the most important thing is that she has a place to come to, be with other people, and talk. Many people think of syringe exchanges as dark, depressing places, but we actually spend a lot of time laughing."



FIGHTING FOR TRANSGENDER RIGHTS AND HEALTHCARE

IN RECENT YEARS, PHYSICIANS AT THE CENTRO DE Orientacion e Investigacion Integral (COIN) in Santo Domingo, Dominican Republic, have been surprised to see that many transgender women who were first-time clients of the clinic were being diagnosed with advanced AIDS—a sign that they were not accessing prevention, treatment, and care services. With the help of an award from amfAR's MSM Initiative, COIN set out to gather data on the spread of HIV among this vulnerable population and to design a response tailored to their needs.



COIN's staff found that systematic discrimination and alienation from the public healthcare system were preventing transgender women from accessing HIV/AIDS services. As more transgender clients began seeking care at COIN's clinic, the team began tailoring services specifically for them, and convening workshops for peer educators (shown here).





COIN provides a mobile HIV testing service for its transgender clients, many of whom have been driven to sex work because stigma and discrimination prevent them from entering other professions. However, the group's outreach efforts have faced some difficulties, including harassment by police, who have scared transgender people away from street outreach and mobile testing, and often extort money from them.

Dr. John Waters, COIN's medical director (shown examining a patient in the outreach van), says that the group's work has helped some clients see health as a basic right, which in turn has encouraged them to demand broader rights and protections. "Many saw themselves as second-class citizens and had accepted that," he said. "Having services that are specific for them has had a big impact on the way they view themselves."





COIN has conducted trainings with local police in an effort to reduce harassment and has established a "health committee" of transgender people who advise the organization on how best to design HIV programs for the community. Such efforts have empowered many to become involved in protesting hate crimes against transgender people and to advocate for their rights under the law, including access to health services.

On World AIDS Day 2009, clients and staff from COIN participated in a candlelight vigil for eight murdered transgender sex workers. While the transgender community continues to struggle with discrimination, harassment, and the threat of harm, COIN has made great strides in building trust among community members—and in increasing rates of HIV testing by taking a more holistic approach to healthcare. By truly listening to its transgender clients, COIN has been able to provide services that they want and need.



ADVOCATING A NATIONAL HIV/AIDS STRATEGY

FOR ALMOST THREE DECADES, THE U.S. DID NOT establish a national HIV/AIDS strategy to guide domestic AIDS funding or to hold agencies and leaders accountable for improving prevention, treatment, and care. During 2009, amfAR advocated the creation of a comprehensive, science-based strategy to address the epidemic, which continues to take a toll on more than a million Americans living with HIV.



Speaking at an amfAR conference in May 2009, Jeffrey Crowley, director of the White House Office of National AIDS Policy (ONAP), affirmed the Obama administration's commitment to developing an evidence-based AIDS strategy that focuses on three primary goals: lowering HIV incidence, increasing access to care, and reducing the health disparities that fuel the epidemic.





ONAP held a series of community consultations around the country in 2009 to engage the public in shaping the strategy. amfAR worked with other AIDS advocates to develop guidelines to help participants give effective testimony at the consultations.

amfAR has urged policy makers to develop prevention programs that reflect the realities of the epidemic—which disproportionately affects minorities, men who have sex with men (MSM), and injection drug users. The Foundation also advocates investing in research aimed at developing new prevention technologies, and helped plan two consultations on incorporating research and prevention into the national HIV/AIDS strategy.





Only half of Americans living with HIV are in care—a public health failure that the government seeks to address in its national HIV/AIDS strategy. amfAR has called on the administration to boost funding for critical initiatives such as the Ryan White CARE program, improve linkages between testing and treatment, and support research aimed at discovering who has access to care and what the barriers are to treatment.

President Obama's goal of reducing racial disparities in HIV infection and treatment is a step toward addressing the inequalities in prevention, treatment, and access to care that have characterized the U.S. epidemic. amfAR CEO Kevin Robert Frost has called on the administration "to close the book on the failed policies of the past and invest solely—and boldly—in those programs that we know to be effective or that show promise for the future."



ADVOCACY HIGHLIGHTS, 2009

LANDMARK SYRINGE EXCHANGE VICTORY

amfAR celebrated a major legislative victory when Congress voted to repeal a longstanding ban on federal funding for syringe exchange. Through its Washington, D.C.-based Public Policy program, amfAR will continue its work on this issue to ensure that federal funding is invested equitably and effectively.

Immigration Ban Lifted

The Foundation marked another historic victory when the federal government lifted its immigration policy barring HIV-positive foreigners from entering the U.S.—an outdated and unscientific restriction whose repeal amfAR has sought since 1991.

Championing a National HIV/AIDS STRATEGY

The U.S. has long lacked a national HIV/AIDS strategy to guide domestic AIDS funding and to hold agencies and leaders accountable for improving prevention, treatment, and care. During 2009, amfAR provided guidance to the White House on

the creation of a comprehensive, sciencebased strategy to address the epidemic. These efforts culminated in the release of the first National HIV/AIDS Strategy in July 2010. (See story on page 16.)

A CALL TO ACTION AT LANDMARK AIDS SUMMIT

National leaders, HIV/AIDS experts, and advocates—including House Speaker Nancy Pelosi, Earvin "Magic" Johnson, Global Fund chief Dr. Michel Kazatchkine, White House AIDS czar Jeffrey Crowley, and Dr. Anthony Fauci of the NIH—backed the call for a national HIV/AIDS strategy at an amfAR cosponsored conference on Capitol Hill. (See story on page 12.)

Can A Pill a Day Prevent HIV?

As part of its search for innovative solutions to the HIV/AIDS epidemic, amfAR called for more research into promising new prevention interventions, including pre-exposure prophylaxis (PrEP), which involves giving antiretroviral therapy to HIV-negative people.

Providing HIV Care, Empowering a Community

Through its MSM Initiative, amfAR provided support to grassroots groups in developing countries fighting the stigma and discrimination that hinder access to prevention, treatment, and care by men who have sex with men (MSM). Among these groups is COIN, a health clinic in the Dominican Republic providing unique outreach for transgender women in Santo Domingo. (See story on page 15.)

REDUCING HARM, INCREASING HOPE

amfAR continued its support of local syringe exchange programs (SEPs) by distributing supplies to SEPs throughout New York State, including the Washington Heights Corner Project, which serves a large and diverse population in New York City's Washington Heights. (See story on page 13.)

BOOSTING MSM ADVOCACY IN ASIA

The Purple Sky Network—a TREAT Asia—supported coalition of grassroots MSM groups in Asia—is pioneering new tools to help frontline organizations strengthen their capacity to reach this vulnerable population.

SCALING UP ACCESS FOR ASIAN MSM

An amfAR report revealed that "staggeringly few" Asian MSM have access to HIV services, and outlined the steps needed to confront this public health crisis.

COMMUNITY

"In some way or another, we all live with HIV. We are all affected by it. We all need to take responsibility for the response."—U.N. Secretary-General Ban Ki-moon

Victory over HIV/AIDS will not be achieved without the active participation of people living with the virus and affected by the epidemic. Supporting those working on the front lines of treatment, prevention, and care; disseminating information on the latest research developments; and giving affected communities the tools to empower and educate patients are integral components of amfAR's mission.

■ IN KENYA, PROMOTING SEXUAL HEALTH TO FIGHT HIV

In order to reduce the spread of HIV/AIDS among men who have sex with men (MSM), amfAR's MSM Initiative awarded a community grant in 2009 to Ishtar MSM, a grassroots group working in Nairobi, Mombasa, and Kisumu that promotes MSM community mobilization for sexual health and well being.



Ishtar developed peer education activities such as outreach for HIV testing and post-test clubs, which aim to sustain behavior change among those who have been tested. Staff, including Solomon Wambua and Anthony Adero, organized monthly workshops and open forums that disseminated information on sexual health, safer sex, living with HIV/AIDS, and related health and wellness issues.





To expand the reach of Ishtar's counselors, the group created and widely distributed fliers, brochures, posters, safer-sex materials, and T-shirts promoting HIV awareness among largely hidden MSM communities.



"Five years ago, people did not talk about homosexuality, but now I have dialogues about it," said Ishtar's director, Peter Njane. Increased media attention, he explained, has given the group an unexpected platform for reaching MSM with HIV prevention messages—along with condoms and lubricant.

But a wave of homophobic rhetoric and violence in Kenya and some neighboring countries is undermining efforts to combat HIV/AIDS among MSM. Mr. Njane was involved in efforts to free six men in the town of Mtwapa after a rumor that two local men were planning a wedding led a mob to savagely beat peer educators at an HIV clinic that serves MSM. The police quelled the violence—by arresting the men who were attacked. The men have since been released, but "some of them are not sure they will be able to go back to work as peer educators," Mr. Njane said.



AIDS CARE DONE RIGHT

IN 2007, THE FIVE HIV/AIDS SPECIALISTS AT China's Longtan Hospital were overwhelmed and unable to closely track the treatment and counseling needs of their 1,000 patients. Since then, however, Longtan has seen a drop in the number of patients lost to follow-up and a significant improvement in patient health—thanks in large part to the work of AIDS Care China, an organization supported by amfAR's TREAT Asia program.



"AIDS Care China promotes the concept that people living with HIV/AIDS should not isolate themselves in a small circle of fear to be pitied," explains founder Thomas Cai (right). Its acclaimed Red Ribbon Centers provide critical services such as counseling, education, social support, and financial assistance. They also help doctors and nurses focus exclusively on medical care by taking on administrative tasks such as patient appointments and follow-up, and ensuring that patients have adequate medication.





A personalized approach to counseling and education has helped keep the Red Ribbon Centers connected to the communities they serve; many of their trained counselors are themselves HIV positive. Patients attend one-on-one counseling sessions before and after medical visits and receive treatment education in small group discussions.

AIDS Care China's Red Ribbon Centers, now functioning at 28 hospitals and clinics in south and central China, are a case study in effective, collaborative HIV care. The organization's success has grown in part from its integration into local government healthcare systems, creating a platform for collaboration between medical personnel, including Dr. Lu Weichao at Longtan Hospital (right), government officials, and people living with HIV.





One of the most important lessons offered by AIDS Care China, said Thomas Cai, is that "doctors have their areas of expertise; community members and people living with AIDS, we have our own areas of expertise. It is not a competition. Rather, we are here to complement each other's work."

REACHING MSM IN UKRAINE'S PRISONS

MEN WHO HAVE SEX WITH MEN (MSM) IN Ukraine's prisons are regarded as outcasts, forced to perform the dirtiest jobs, and stigmatized by prisoners and staff alike. Their isolation and low standing within the prison hierarchy place them at high risk for HIV—an issue that is being addressed by the Penitentiary Initiative, based in the city of Nikolaev.





An award from amfAR's MSM Initiative has helped the group provide support and counseling to MSM in four prisons. Coming together for informational sessions and support groups has helped the men develop a sense of community and build their knowledge of HIV. They also receive condoms and lubricant, personal hygiene supplies, and extra food rations.

Starting at the top of the prison power structure, the Penitentiary Initiative has also reached out to prison administrators and staff, many of whom understood little about sexual orientation and the lives of MSM.





Seminars for staff from the prison and its clinic are aimed at building tolerance toward MSM, increasing understanding of sexual behavior, explaining the importance of HIV prevention among MSM and other "outcasts," and advocating for prisons free from discrimination.

The project has managed to achieve some significant successes in promoting greater acceptance of MSM within prisons, as shown by the participation of an MSM group in a prison soccer match—something that would never have happened before. More importantly, the project has drawn the attention of government officials to the spread of HIV among MSM in prisons, and the informational materials it has developed for these four prisons may soon be adopted on a national level.

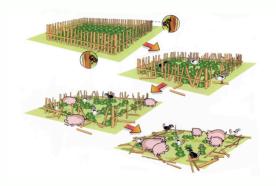


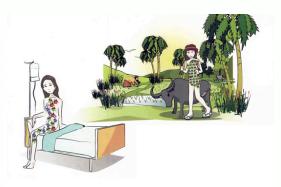
DRAWING FROM LIFE TO EXPLAIN HIV/AIDS

SUCCESSFUL HIV/AIDS PREVENTION, treatment, and care depend on how well facts about this complex disease can be communicated. For treatment educators in Asia, the task can be particularly daunting in low-literacy communities. amfAR's TREAT Asia program, with help from its Cambodian partners, addressed this problem through a flipchart published in 2009 that uses simple vivid images drawn from everyday life to help explain HIV/AIDS.



Medication adherence is one of the most important issues for treatment counselors, and to explain it they must describe how HIV attacks the immune system. In this example, geared towards rural communities in Cambodia, the healthy body is represented as a securely fenced garden. A termite in the form of HIV has begun to attack the fence, however, allowing opportunistic infections (pigs and chickens) to invade and destroy the garden.





The stages of HIV infection are explained with an image of a woman working in the field and later hospitalized as her health deteriorates. In the first picture on the right, the woman is active and has a strong CD4 count (represented in green) with a relatively low level of HIV (red). Later, when she is hospitalized, her CD4 count is lower (fewer green), her viral load is growing (red), and she has a rising number of opportunistic infections (blue).

Understanding how HIV is transmitted helps lessen stigma and helps people living with the virus avoid transmitting it to others. This image depicts the multiple ways in which HIV *cannot* be communicated, including by casual contact, sharing food and water, kissing, and coughing. These myths about HIV transmission are widely held around the globe, in industrialized as well as resource-limited countries.





Mother-to-child HIV transmission remains a significant cause of infection in Asia, where testing rates are low and medical interventions are not widely available. This picture shows HIV-positive women how they can give birth safely—by taking anti-AIDS drugs during pregnancy and delivery, giving the newborn baby medication, and avoiding breastfeeding. The treatment education flipchart, originally released in China, has now been translated into Vietnamese, Bahasa Indonesia, and Khmer.

COMMUNITY HIGHLIGHTS, 2009

Landmark Funding for an Underserved Population

Effectively controlling the spread of HIV/ AIDS requires paying special attention to vulnerable populations such as men who have sex with men (MSM). amfAR's MSM Initiative became one of the first programs to address HIV among MSM in Eastern Europe and Central Asia when it announced its inaugural round of community awards to eight MSM groups in the region. One Eastern European organization—the Penitentiary Initiative in Nikolaev, Ukraine—is pioneering a unique approach to reaching an isolated and highly vulnerable group: MSM in Ukraine's prisons. (See story on page 21.)

FIGHTING STIGMA AND HIV IN AFRICA AND THE CARIBBEAN

Along with its support for MSM organizations in Eastern Europe and Central Asia, amfAR awarded funding in 2009 to grassroots groups working to combat HIV among MSM in Africa and the Caribbean—high-prevalence regions

where legal prohibitions and stigma have driven MSM underground. In Kenya, the amfAR-funded group Ishtar MSM is working to mobilize the MSM community and curb the spread of infection. (See story on page 19.)

AIDS CARE DONE RIGHT

AIDS Care China's Red Ribbon Centers—supported by amfAR's TREAT Asia program—are a case study in effective, collaborative HIV care. "AIDS Care China promotes the concept that people living with HIV/AIDS should not isolate themselves in a small circle of fear to be pitied," explained founder Thomas Cai. (See story on page 20.)

Speaking Their Language

In 2009, TREAT Asia began publishing lay-language articles to explain HIV/AIDS research advances for people living with HIV/AIDS and their families, communities, and caregivers. Articles were translated into local Asian languages such as Bahasa Indonesia, Burmese, Chinese, Khmer, Thai, and Vietnamese.

Treatment education can be particularly daunting in low-literacy communities in Asia. With help from its Cambodian partners, TREAT Asia addressed this problem through an educational flipchart published in 2009 that uses simple vivid images drawn from everyday life to help explain HIV/AIDS. Developed from a project originally launched in China, this intraregional collaboration demonstrates how community advocates are working together on this core priority. (See story on page 23.)

HIV BEHIND BARS

HIV is transmitted at shockingly high rates in U.S. correctional facilities. To help develop strategies for reversing this trend, amfAR sponsored two conferences for healthcare professionals on HIV in correctional settings.

Spreading the Word

Through its Public Information program, amfAR reaches out to affected communities, HIV/AIDS professionals, and the general public by publishing information on the latest developments in AIDS research, prevention, and treatment. In addition, articles and reports involving amfAR were carried in major

media outlets, including *The Washington Post, The Wall Street Journal, The New Republic*, CNN, and the BBC. Just after World AIDS Day in December 2008, Founding Chairman Mathilde Krim appeared on the PBS program *In the Life* with Phill Wilson of the Black AIDS Institute, and in July 2009, *CBS Sunday Morning* featured a profile of amfAR Chairman Kenneth Cole.

KEEPING HIV/AIDS IN THE PUBLIC EYE

amfAR's numerous celebrity volunteers play an instrumental role in raising awareness and support for the Foundation's mission, enhancing amfAR's ability to make its voice heard around the world. The Foundation is particularly grateful for the support of Founding International Chairman Dame Elizabeth Taylor and Global Fundraising Chairman Sharon Stone, as well as amfAR Ambassadors Cheyenne Jackson, Milla Jovovich, Liza Minnelli, and Michelle Yeoh.

GRANTS AND AWARDS

IN 2009, AMFAR MADE GRANTS AND AWARDS TO A WIDE RANGE OF RESEARCHERS, CLINICIANS, ADVOCATES, AND GRASSROOTS COMMUNITY GROUPS SEEKING INNOVATIVE SOLUTIONS TO THE HIV/AIDS EPIDEMIC.

2009 Research Fellowships, Grants, and Awards

amfAR's Research program plays a vital role in AIDS research, identifying critical gaps in our knowledge of HIV and AIDS, and supporting groundbreaking studies that often lack the preliminary data required by more traditional funders. The Research program focuses on efforts to prevent HIV infection in those who are vulnerable, and to improve treatment, with the ultimate goal of eradicating the virus for people living with HIV infection.

All projects listed below were supported by amfAR during the period October 1, 2008, to September 30, 2009. Grants funded during fiscal year 2009 but awarded in previous years are shown with the year of the award in parentheses.

MATHILDE KRIM FELLOWSHIPS IN BASIC BIOMEDICAL RESEARCH

PREVENTING HIV TRANSMISSION

A chemical campaign to identify HIV-1 entry inhibitors

Navid Madani, Ph.D. Dana Farber Cancer Institute Boston, MA \$125,000 (2009)

Identification and biological characteristics of transmitted HIV-1

Brandon Keele, Ph.D. University of Alabama at Birmingham Birmingham, AL \$119,868 (2008

Generation of stable HIV-1 Env trimers through virus evolution

Rogier Sanders, Ph.D.
Academic Medical Center, University of Amsterdam
Amsterdam, Netherlands
\$125,000 (2008)

OPTIMIZING HIV TREATMENT

Characterization of transportin-SR2 mediated nuclear import of HIV

Jan De Rijck, Ph.D. Katholieke Universiteit Leuven Leuven, Belgium \$125,000 (2009)

Modulation of HIV reverse transcription and nuclear integration by TRIM5

Felipe Diaz-Griffero, Ph.D. Dana Farber Cancer Institute Boston, MA \$125,000 (2008)

HIV Tat-mediated transfer of P-TEFb to nascent RNA and its inhibition

Ivan D'Orso, Ph.D. University of California, San Francisco San Francisco, CA \$125,000 (2008)

Biophysical and structural studies of the HIV integrase DNA complex

Kushol Gupta, Ph.D.
The University of Pennsylvania School of Medicine
Philadelphia, PA
\$125,000 (2008)

Morphogenesis and storage of HIV-1 particles

Nolwenn Jouvenet, Ph.D. Aaron Diamond AIDS Research Center New York, NY \$125,000 (2008)

Ultrapotent inhibitors of wild-type and multi-drug resistant HIV

Bruno Marchand, Ph.D. University of Missouri-Columbia Columbia, MO \$125,000 (2008)

Maintenance of drug resistance mutations and HIV-1 evolutionary adaptation

Morgane Rolland, Ph.D. University of Washington Seattle, WA \$125,000 (2008)

PURSUING HIV ERADICATION

Studies of HIV-1 latency and reactivation using ex-vivo model

Alberto Bosque, Ph.D. University of Utah Salt Lake City, UT \$125,000 (2009)

Macrophage T-cell interactions in formation of the HIV-1 reservoir

Fedde Groot, Ph.D. University of Oxford Oxford, United Kingdom \$125,000 (2009)

Novel post-transcriptional mechanisms of HIV-1 latency and reactivation

Kara Lassen, Ph.D. The J. David Gladstone Institutes San Francisco, CA \$102,340

RESEARCH FELLOWSHIPS

PREVENTING HIV TRANSMISSION

Cell phone use among MSM in stigmatized settings: Implications for HIV

Joyce Nyoni, Ph.D. University of Dar es Salaam Dar es Salaam, Tanzania \$114,110 (2009)

Colorectal responses to HIV-1 and modulation by microbicides

Carolina Herrera, Ph.D. St George's University of London London, United Kingdom \$125,000 (2007)

Anal intercourse, STIs and HIV among STD clinic clients

Marjan Javanbakht, Ph.D. University of California, Los Angeles Los Angeles, CA \$112,193 (2007)

The role of mental health issues in HIV acquisition among female drug users

Gail Gilchrist, Ph.D. L'Institut Municipal d'Investigacio Medica Barcelona, Spain \$124,915 (2008)

OPTIMIZING HIV TREATMENT

Identifying cellular cofactors of rhesus monkey TRIM5-alpha

Devin Christensen, Ph.D. University of Utah Salt Lake City, UT \$125,000 (2009)

Characterization of transportin-SR2 mediated nuclear import of HIV

Jing Jin, Ph.D. Yale University New Haven, CT \$125,000 (2009)

What they're not telling me: Veterans, trust, and HIV management

Kristin Mattocks, Ph.D. Yale University New Haven, CT \$108,480 (2008)

Impulsivity, drug abuse, and HIV medication adherence: An fMRI study

Christina Meade, Ph.D.
Harvard Medical School-McLean Hospital /
Massachusetts General Hospital
Belmont, MA
\$124,000 (2007)

Duke University Durham, NC \$59,533 (transfer) \$125,000 (2008)

Viral persistance in the MGT of RT-SHIV infected macaques on HAART

Miranda Xhilaga, Ph.D. Monash University Melbourne, Australia \$125,000 (2007)

PURSUING HIV FRADICATION

In vivo modeling of HIV persistence and its eradication

Paul Denton, Ph.D. University of Texas Southwestern Medical Center at Dallas Dallas, TX \$125,000 (2008)

Quantitative fMRI of CNS-T ART on HIV brain reservoirs

Beau Ances, M.D., Ph.D. University of California San Diego San Diego, CA \$125,000 (2006)

HIV-1 cell-cell spread in viral dissemination and persistence

Fedde Groot, M.Sc.
The Sir William Dunn School of Pathology
University of Oxford
Oxford, United Kingdom
\$124,882 (2006)

Role of Tat methylation in HIV latency

Sara Pagans, Ph.D. The J. David Gladstone Institutes San Francisco, CA \$125,000 (2006)

RESEARCH GRANTS

PREVENTING HIV TRANSMISSION

A pilot study of a text messagingenhanced POL HIV intervention program

Hongjie Liu, Ph.D. School of Medicine, Virginia Commonwealth University Richmond, VA \$119,894 (2009)

Assessing internet users' preferences for structural and network interventions

Willi McFarland, M.D. San Francisco Department of Health San Francisco, CA \$102,421 (2009)

Neurocognitive factors in the relationship between drug use and risky

Sarit Golub, Ph.D. Research Foundation of the City of New York Flushing, NY \$120,000 (2008)

HIV prevention efficacy beliefs about male circumcision in South Africa

Joanne Mantell, Ph.D.
HIV Center for Clinical and Behavioral
Studies at the New York State Psychiatric
Institute and Columbia University
New York, NY
\$119,906 (2008)

Minority stress, social support, and sexual risk in South African MSM

Theodorus Sandfort, Ph.D.
Research Foundation for Mental Hygiene,
Inc.
New York, NY

HIV conspiracy beliefs among MSM in inner-city slum area of Johannesburg

Waimar Tun, Ph.D. The Population Council New York, NY \$119,997 (2008)

\$119,836 (2008)

Development of a standard rectal microbicide delivery device

Alex Carballo-Diéguez, Ph.D. Research Foundation for Mental Hygiene, Inc. New York, NY \$119,992 (2007)

Colorectal explants to study HIV transmission and microbicides

Charlene Dezzutti, Ph.D.
Magee-Womens Research Institute and Foundation
Pittsburgh, PA
\$120,000 (2007)

Epithelial injury and HIV penetration after simulated ejaculation

Craig Hendrix, M.D.
Johns Hopkins University School of
Medicine
Baltimore, MD
\$120,000 (2007)

How to test: Policy and practice after the CDC recommendations

Lori Leonard, Sc.D. Johns Hopkins School of Public Health Baltimore, MD \$120,000 (2007)

Mediation effect of network function on HIV risk behavior among Chinese MSM

Hongjie Liu, Ph.D. School of Medicine Virginia Commonwealth University Richmond, VA \$119,988 (2007)

Anal sex practices in high-risk South African women and men

Joanne Mantell, Ph.D. Research Foundation for Mental Hygiene, Inc. New York, NY \$119,946 (2007)

Optimizing HIV Treatment

Mistrust of evidence-based medicine affects health outcomes of Latinos

Scott Rhodes, Ph.D.

Wake Forest University Health Sciences

Winston-Salem, NC \$120,000 (2008)

Recent changes in HIV testing recommendations: Impact on youth at risk

Marya Gwadz, Ph.D. NDRI USA, Inc. New York, NY

\$119,598 (2007)

Impact of PD-1 on the establishment and maintenance of the HIV-1 reservoir

Elias Haddad, Ph.D. Université de Montréal, Centre de Recherche du CHUM Montréal, Quebec, Canada \$107,568 (2007)

Establishment of the HIV reservoir during acute infection

Stephen Kent, M.D. University of Melbourne Melbourne, Victoria, Australia \$120,000 (2007)

CDC HIV testing guidelines: Unresolved ethical concerns

Roland Merchant, M.D., Sc.D. Rhode Island Hospital Providence, RI \$120,000 (2007)

AHI awareness and entry into care among high risk populations

Robert Remien, Ph.D.
Research Foundation for Mental Hygiene,
Inc.
New York, NY
\$119,654 (2007)

The impact of stigma on access to HIV treatment and care

Jennifer Sayles, M.D. University of California, Los Angeles David Geffen School of Medicine Los Angeles, CA \$120,000 (2007)

Immunologic benefits of CCR5 inhibitor intensification

Robert Shafer, M.D.
Palo Alto Veterans Administration Medical
Center and Stanford University
Palo Alto, CA
\$107,644 (2007)

Pursuing HIV Eradication

High-throughput screens for inhibitors of Vif-APOBEC3G interaction

Dana Gabuzda, M.D.
Dana Farber Cancer Institute
Boston, MA (2009)
\$120,000

Role of Tat methylation in HIV latency

Akira Ono, Ph.D.

The Regents of the University of Michigan Ann Arbor, MI \$120,000 (2009)

Target of Vpr/Vpx

Lee Ratner, M.D., Ph.D. Washington University St. Louis, MO \$120,000 (2009)

In vivo virus persistence during suppressive therapy in the RT-SHIV model

Zandrea Ambrose, Ph.D. University of Pittsburgh Pittsburgh, PA \$120,000 (2008)

Animal model for controlled SIV infection

Cristian Apetrei, M.D., Ph.D. Tulane University New Orleans, LA \$119,687 (2008)

Autophagy and intracellular HIV in macrophages

Vojo Deretic, Ph.D. University of New Mexico Health Sciences Center Albuquerque, NM \$120,000 (2008)

HDAC inhibition and chromatin remodeling to disrupt proviral latency

David Margolis, M.D.
University of North Carolina at Chapel Hill
Chapel Hill, NC
\$120,000 (2008)

Treatment intensification: Effects on persistent viremia

Sarah Palmer, Ph.D.
Swedish Institute for Infectious Disease
Control
Karolinska Institute
Solna, Sweden
\$120,000 (2008)

IL-7 and antigen driven proliferation generate distinct HIV reservoirs

Rafick-Pierre Sékaly, Ph.D. Université de Montréal, Centre de Recherche du CHUM Montréal, Canada

\$106,164 (2008)

Quantification of HIV provirus: Integration and replication competence

Celsa Spina, Ph.D.
Veterans Medical Research Foundation
San Diego, CA

\$117,600 (2008)

Effects of valproic acid therapy on gut mucosal HIV reservoirs

Jean-Pierre Routy, M.D. McGill University Health Centre Montréal, Canada \$119,827 (2006)

2009 MSM Initiative Awards and Community Awards

The world's inability to prevent widespread HIV infection among men who have sex with men (MSM) is one of the greatest public health failures in the fight against AIDS. The mission of the MSM Initiative is to support and empower grassroots MSM organizations, build understanding and awareness of HIV epidemics among MSM, and advocate for effective policies and increased funding.

All projects listed below received awards from amfAR during the period October 1, 2008, to September 30, 2009. Some organizations have requested anonymity to protect their staff and clients.

AFRICA

Access Extended

Alternatives-Cameroun Douala, Cameroon \$15,000

Ivoire Plus

Espace Confiance Abidjan, Côte d'Ivoire \$15,000

Scaling Up MSM HIV/AIDS Intervention Project

Centre for Popular Education and Human Rights, Ghana Accra, Ghana \$10,000

Strengthening the Capacity of MSM Peer Educators to Prevent New HIV Infection through Provision of Basic Counseling Skills, Coast Province, Kenya

International Centre for Reproductive Health—Kenya Mombasa, Kenya \$10,000

The Access Project

Gay and Lesbian Coalition of Kenya, in partnership with Ishtar MSM Nairobi, Kenya \$10,000

HIV/Alcohol/Drug Risk Reduction for MSM in Kenya

Support for Addictions Prevention and Treatment in Africa Nairobi, Kenya \$10,000

Qualitative Assessment of HIV Risk Behaviors Among MSM in Liberia

Concern For Humanity, Inc. Monrovia, Liberia \$15,000

Mitigating the HIV/AIDS Burden Among MSM in Abuja, Nigeria

Center for the Right to Health Lagos, Nigeria \$15,000

Caribbean

Este Amor/CEyC HIV Prevention Project for MSM in Region V (Dominican Republic)

Clínica Esperanza y Caridad (CEyC) San Pedro de Macorís, Dominican Republic \$7,500

Proyecto "Tal Cual" (Project "As I Am")

Centro de Orientación e Investigación Integral Santo Domingo, Dominican Republic \$15,000

Building a Guyanese Society Free from Sexual Orientation Discrimination

Society Against Sexual Orientation
Discrimination—Guyana
Georgetown, Guyana
\$7,500

Providing Access to Medical and Psychological Services to Empower Hearing and Deaf MSM in Jamaica

Name withheld by request Kingston, Jamaica \$40,000

Challenging Policy and Legislative Blockages in Support of Universal Access

Name withheld by request Jamaica \$40,000

Outreach to MSM Affected by HIV and AIDS in Haiti

SEROvie Port-au-Prince, Haiti \$40,000

EASTERN EUROPE AND CENTRAL ASIA

Raising Level of Knowledge by Sexual Safety and HIV/AIDS and STI Prevention

Gender Tereqqi maariflendirme ictimai birliyi (Gender and Development) Baku, Azerbaijan \$15,000

Factors Promoting Risky Behaviour MSM

Republican Youth Public Association "Meeting" Minsk, Belarus \$15,000

Development of Services for Estonian MSM

Eesti HIV-positiivsete võrgustik Tallinn, Estonia \$15,000

The Preventive Maintenance of HIV/AIDS Disease Amongst MSM—Ust-

Kamenogorsk

\$10,000

The Public Association in Support of the People (OO PLZHV Kuat) Ust-Kamenogorsk, Kazakhstan

PULSAR—Effective HIV/STI Prevention Among MSM in Siberian Regions

The Siberian Alternative Center, NGO Omsk, Russia \$30,000

Expanding Access for MSM to HIV Information, Prevention Materials, and Quality Healthcare

The Independent Non-Commercial Organization New Life Orenburg, Russia \$15,000

Holistic Approach to MSM-LGBT SOS Helpline and Counseling

Gayten-LGBT, Center For Promotion of LGBTIQ Human Rights Belgrade, Serbia \$14,820

Empowering MSM Population on HIV and Building a Support Group for HIV-Positive MSM

Positive Living Association Istanbul, Turkey \$30,000

Self-identity, Social and Sexual Networks and HIV Infection Risk for MSM

The Donbas-SocProject Donetsk, Ukraine \$14,430

HIV Prevention and Psychosocial Support for MSM in Prisons of Ukraine

Nikolaev Regional Public Youth Movement Penitentiary Initiative Nikolaev, Ukraine \$30,000

MSM Initiative Awards to Collaborating Organizations

Public Sector Awareness and Advocacy: HIV/AIDS-related Needs of MSM in Developing Countries

AIDS-Fondet Copenhagen, Denmark \$35,000 Assessment of HIV Prevalance and Risk Behavior Among MSM in Kuala Lumpur

Malaysian AIDS Council, Kuala Lumpur, Malaysia

for their work with the University of Malaya Medical Center in Kuala Lumpur, Malaysia

\$33,816

TREAT ASIA

TREAT Asia (Therapeutics Research, Education, and AIDS Training in Asia) is a network of clinics, hospitals, and research institutions working with civil society to ensure the safe and effective delivery of HIV/AIDS treatments throughout Asia and the Pacific. Facilitated by amfAR, TREAT Asia seeks to strengthen HIV/AIDS care, treatment, and management skills among health care professionals through education and training programs developed by experts in the region.

All projects listed below were supported by amfAR during the period October 1, 2008, to September 30, 2009. Grants funded during fiscal year 2009 but awarded in previous years are shown with the year of the award in parentheses.

ASIA PACIFIC HIV OBSERVATIONAL DATABASE (APHOD)

Matthew G. Law, Ph.D. University of New South Wales Darlinghurst, Australia \$279,293 (Year 4 Funding) \$258,340 (Year 3 Funding)

TREAT ASIA HIV OBSERVATIONAL DATABASE (TAHOD)

Vonthanak Saphonn, M.D., Ph.D.
National Center for HIV/AIDS, Dermatology and STDs
Phnom Penh, Cambodia

\$15,000 (Year 4 Funding) \$15,000 (2008–Year 3 Funding)

Fujie Zhang, M.D.
Beijing Ditan Hospital
Beijing, China
\$15,000 (Year 4 Funding)
\$20,000 (2008–Year 3 Funding)

\$15,000 (Year 4 Funding)

\$25,000 (2008-Year 3 Funding)

Patrick Li, M.B.B.S. Queen Elizabeth Hospital Hong Kong SAR, China \$15,000 (Year 4 Funding) \$2,000 (2008–Cancer Study Supplemental) \$23,000 (2008–Year 3 Funding)

Nagalingeswaran Kumarasamy, M.B.B.S., Ph.D. YRG Centre for AIDS Research and Education,VHS Chennai, India Sanjay Pujari, M.D. Institute of Infectious Diseases

Pune, India

\$15,000 (Year 4 Funding)

\$2,000 (Cancer Study Supplemental)

\$21,000 (Year 3 Funding)

Tuti Parwati Merati, M.D.

Udayana University School of Medicine

Denpasar, Indonesia \$15,000 (Year 4 Funding) \$17,000 (Year 3 Funding)

Evy Yunihastuti, M.D.

Cipto Mangunkusumo General Hospital

Jakarta Pusat, Indonesia \$15,000 (Year 4 Funding) \$15,000 (Year 3 Funding)

Shinichi Oka, M.D.

International Medical Center of Japan Shinjuke, Japan

\$15,000 (Year 4 Funding) \$15,000 (Year 3 Funding)

Adeeba Kamarulzaman, F.R.A.C.P.

University of Malaya Kuala Lumpur, Malaysia \$15,000 (Year 4 Funding)

\$2,000 (Cancer Study Supplemental)

\$18,000 (Year 3 Funding)

Christopher Lee, M.B.B.S., M.R.C.P.

Sungai Buloh Hospital Sungai Buloh, Malaysia \$15,000 (Year 4 Funding) \$20,000 (Year 3 Funding)

Rossana Ditangco, M.D.

Asian Foundation for Tropical Medicine, Inc.

Muntinlupa City, Philippines \$15,000 (Year 4 Funding) \$17,000 (Year 3 Funding)

Poh Lian Lim, M.D., M.P.H. Tan Tock Seng Hospital Singapore

\$15,000 (Year 4 Funding) \$19,000 (Year 3 Funding)

Jun Yong Choi, M.D., Ph.D. Yonsei University College of Medicine Seoul, South Korea \$15,000 (Year 4 Funding)

Yi-Ming Chen, M.D., Sc.D. National Yang-Ming University

\$17,000 (Year 3 Funding)

Taipei, Taiwan

\$15,000 (Year 4 Funding) \$17,000 (Year 3 Funding) Praphan Phanupak, M.D., Ph.D. HIV-NAT/Thai Red Cross Research Center Bangkok, Thailand \$15,000 (Year 4 Funding)

Thira Sirisanthana, M.D. Chiang Mai University Chaing Mai, Thailand \$15,000 (Year 4 Funding) \$15,000 (Year 3 Funding)

\$17,000 (Year 3 Funding)

Somnuek Sungkanuparph, M.D. Ramathibodi Hospital, Mahidol University Bangkok, Thailand \$15,000 (Year 4 Funding) \$20,000 (Year 3 Funding)

Jintanat Ananworanich, M.D., and Nittaya Phanupak, M.D. HIV-NAT / Thai Red Cross Research Center Bangkok, Thailand

\$60,000 (Identifying Biomarkers of Anal Intraepithelial Neoplasia in Thai MSM)

Yi-Ming Chen, M.D., Sc.D.
National Yang-Ming University
Taipei, Taiwan
\$70,000 (Clinical Epidemiology of Cancer
Among People Living with HIV/AIDS in
Taiwan Year 2)
\$70,000 (Clinical Epidemiology of Cancer
Among People Living with HIV/AIDS in

Taiwan Year 1)

TREAT ASIA PEDIATRIC HIV OBSERVATIONAL DATABASE (TAPHOD)

Matthew G. Law, Ph.D. University of New South Wales Darlinghurst, Australia \$119,665 (Year 3 Funding) \$173,039 (Year 2 Funding)

Vonthanak Saphonn, M.D.
National Center for HIV/AIDS, Dermatology and STDs
Phnom Penh, Cambodia
\$20,000 (Year 3 Funding)
\$25,000 (Year 2 Funding)

Nagalingeswaran Kumarasamy, M.D., M.B.B.S, Ph.D. YRG Center for AIDS Research and Education, VHS Chennai, India \$20,000 (Year 3 Funding) \$2,250 (Supplemental)

Nia Kurniati, M.D. Cipto Mangunkusumo General Hospital Jakarta, Indonesia \$7,500 (Year 3 Funding) \$10,375 (Year 2 Funding)

Nik Khairulddin Nik Yusoff, M.D. Hospital Raja Perempuan Zainab II Kota Bharu, Malaysia \$7,500 (Year 3 Funding) \$10,375 (Year 2 Funding) Fong Siew Moy, M.D. Hospital Likas Kota Kinabalu, Malaysia \$7,500 (Year 3 Funding) \$9,375 (Year 2 Funding)

Kamarul Razali, M.D.
Pediatric Institute, Hospital Kuala Lumpur
Kuala Lumpur, Malaysia
\$7,500 (Year 3 Funding)
\$11,375 (Year 2 Funding)

Revathy Nallusamy, M.B.B.S. Penang Hospital Georgetown, Malaysia \$2,500 (Year 3 Funding) \$3,125 (Year 2 Funding)

Pagakrong Lumbiganon, M.D. Khon Kaen University Khon Kaen, Thailand \$15,000 (Year 3 Funding) \$21,750 (Year 2 Funding)

Thanyawee Puthanakit, M.D. HIV-NAT/Thai Red Cross AIDS Research Centre Bangkok, Thailand \$15,000 Virat Sirisanthana, M.D. Chiang Mai University Research Institute for Health Sciences Chiang Mai, Thailand \$15,000 (Year 3 Funding) \$22,250 (Year 2 Funding)

Rawiwan Hansudewechakul, M.D. Chiang Rai Regional Hospital Muang, Thailand \$20,000 (Year 3 Funding) \$28,500 (Year 2 Funding)

Kulkanya Chokephaibulkit, M.D. Siriraj Hospital Mahidol University Bangkok, Thailand \$20,000 (Year 3 Funding) \$21,750 (Year 2 Funding)

Bui Vu Huy, Ph.D., M.D. National Hospital of Pedatrics Hanoi, Vietnam \$46,500 (Year 3 Funding) \$19,250 (Year 2 Funding)

AUSTRALIA HIV OBSERVATIONAL DATABASE (AHOD)

Debra Allen, M.B.Ch.B., Dip. Med.

Northern Sydney Central Coast Area Health

Services

Holden Street Clinic Gosford, Australia

\$1,200 (Year 4 Funding)

\$2,925 (Year 3 Funding)

Katherine Brown, M.D.

South East Sydney Illawarra Area Health

Service

Warrawong, Australia

\$1,725 (Year 4 Funding)

\$2,400 (Year 3 Funding)

Andrew Carr, M.D.

St. Vincent's Hospital Sydney

Darlinghurst, Australia

\$7,500 (Year 4 Funding)

\$7,500 (Year 3 Funding)

John Chuah, M.B.B.S., B.S.M.D.

Gold Coast Health Service District

Miami, Australia

\$7,500 (Year 4 Funding)

\$7,500 (Year 3 Funding)

William Donohue, M.B.B.S.

University of Adelaide, Care and Prevention

Program

Adelaide, Australia

\$2,100 (Year 4 Funding)

\$2,250 (Year 3 Funding)

Michelle Giles, M.B.B.S., F.R.A.C.P.

Monash Medical Centre

Melbourne, Australia

\$4,825 (Year 4 Funding)

\$6,225 (Year 3 Funding)

Jennifer Hoy, M.B.B.S.

Victorian HIV Service, Alfred Hospital

Melbourne, Australia

\$6,975 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Eva Jackson, M.D.

Blue Mountains Sexual Health and HIV

Clinic

Katoomba, Australia

\$1,725 (Year 4 Funding)

\$3,675 (Year 3 Funding)

Mark Kelly, M.B.B.S.

The Prince Charles Hospital, AIDS Medical

Unit

Brisbane, Australia

\$7,350 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Anuja Kulatunga, M.D.

Northern Territory Dept. of Health

Casuarina, Australia

\$1,200 (Year 4 Funding)

\$1,575 (Year 3 Funding)

Mun Tong Liang, F.A.Ch.S.H.M.

Nepean Sexual Health Clinic

Sydney, Australia

\$1,350 (Year 4 Funding)

\$2,250 (Year 3 Funding)

David Nolan, M.D.

Royal Perth Hospital

Perth. Australia

\$7,500 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Tim Read, M.D.

Melbourne Sexual Health Centre

Carlton, Australia

\$6,075 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Norman Roth, M.B.B.S., F.A.Ch.S.H.M.

Prahran Market Clinic Ptv Ltd

South Yarra, Australia

\$7,500 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Darren Russell, M.D.

Cairns Sexual Health Service

Cairns, Australia

\$7,500(Year 4 Funding)

\$7,500 (Year 3 Funding)

David Smith, M.D.

Sexual Health and AIDS Services (SHAIDS)

Lismore, Australia

\$6,000 (Year 4 Funding)

\$7,500 (Year 3 Funding)

David Sowden, M.B.B.S.

Nambour General Hospital

Nambour, Australia

\$7,500 (Year 4 Funding)

\$7,500 (Year 3 Funding)

Sharon Taylor, C.N.C.

Tamworth Sexual Health Service

Tamworth, Australia

\$600 (Year 4 Funding)

\$1,275 (Year 3 Funding)

David Templeton, Ph.D.

RPA Sexual Health Clinic

Marrickville, Australia

\$600 (Year 4 Funding) \$1,575 (Year 3 Funding)

Lynne Wray, M.B.B.S. Sydney Sexual Health Centre, Sydney

Hospital

Sydney, Australia

\$3,675 (Year 4 Funding)

\$5,250 (Year 3 Funding)

TREAT ASIA QUALITY ASSURANCE SCHEME (TAQAS)

Matthew G. Law, Ph.D. University of New South Wales Darlinghurst, Australia \$209,787 (Year 4 Funding)

\$204,933 (Year 3 Funding)

TREAT ASIA STUDIES TO EVALUATE RESISTANCE (TASER)

Matthew G. Law, Ph.D.
University of New South Wales
Darlinghurst, Australia
\$249,713 (Year 4 Funding)
\$190,178 (Year 3 Funding)

Nagalingeswaran Kumarasamy, M.D., M.B.S, Ph.D. YRG Centre for AIDS Research and Education,VHS Chennai, India \$66,000 (Year 2 Funding)

Sanjay Pujari, M.D. Institute of Infectious Diseases Pune, India \$66,000 (Year 2 Funding)

Adeeba Kamarulzaman, F.R.A.C.P. University of Malaya Clinical Investigation Center Kuala Lumpur, Malaysia \$66,000 (Year 3 Funding) \$66,000 (Year 2 Funding) Christopher Lee, M.B.B.S., M.R.C.P. Sungai Buloh Hospital Sungai Buloh, Malaysia \$66,000 (Year 3 Funding) \$66,000 (Year 2 Funding)

Praphan Phanuphak, M.D., Ph.D.
HIV-NAT/Thai Red Cross AIDS Research
Center
Bangkok, Thailand
\$66,000 (Year 3 Funding)
\$7,200 (Bed Kits for Screening Recently
Infected TASER-S Patients)
\$66,000 (Year 2 Funding)

Rossana Ditangco, M.D. Research Institute for Tropical Medicine Muntinlupa City, Philippines \$66,000

Thira Sirisanthana, M.D. Chiang Mai University Chaing Mai, Thailand \$66,000 (Year 3 Funding) \$66,000 (Year 2 Funding) Pacharee Kantipong, M.D. Chiang Rai Regional Hospital Chiang Rai, Thailand \$68,500

Somnuek Sungkanuparph, M.D. Ramathibodi Hospital, Mahidol University Bangkok, Thailand \$82,000 (Year 3 Funding) \$16,200 (Supplemental) \$66,000 (Year 2 Funding)

Tuti Parwati Merati, M.D. Udayana University School of Medicine Denpasar, Indonesia \$66,000 (Year 3 Funding) \$6,200 (Research Training) \$66,000 (Year 2 Funding)

TREAT ASIA AWARDS

Cambodian Treatment Literacy Project Pharozin Pheng Cambodian People Living With HIV/AIDS Network (CPN+) Phnom Penh, Cambodia \$16,236

HIV-Positive Women Treatment Literacy Trainings Diu Nguyen Thi World Concern Vietnam Hanoi, Vietnam \$17,985

HIV/AIDS Treatment Literacy Training Tao Cai AIDS Care China Nanning, China \$70,500 Women and Treatment Literacy Training Support Project T.R.P. Gustav Simanjuntak PITA Foundation Jakarta, Pusat, Indonesia \$27,530

Bangkok Symposium on HIV Medicine Praphan Phanuphak, M.D., Ph.D. HIV-NAT/Thai Red Cross AIDS Research Center Bangkok, Thailand \$20,000 (2008 Bangkok Symposium on HIV Medicine) \$20,000 (2009 Bangkok Symposium on HIV Medicine)

2009 Public Policy Awards

amfAR's public policy office in Washington, D.C., educates policy makers, the media, and the public about evidence-based policies to address HIV/AIDS in the U.S. and around the world. The Public Policy program is engaged in efforts to increase investment in AIDS research; implement an evidence-based national HIV/AIDS strategy in the U.S.; expand access to prevention, care, and treatment; and protect the civil rights of all people affected by HIV/AIDS.

All projects listed below were supported by amfAR during the period October 1, 2008, to September 30, 2009.

Syringe Exchange in the U.S.: Assessing a Changing Landscape Don Des Jarlais, Ph.D. Beth Israel Medical Center New York, NY \$75,000 New Direction for New York: A Public Health and Safety Approach to Drug Policy Gabriel Sayegh Drug Policy Alliance New York, NY \$2,000 Your Candidates, Your Congress, Your Health Mary Woolley Research!America Alexandria, VA \$10,000

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amfAR also extends its warmest thanks to Kenneth Cole Productions for its many in-kind contributions, including Kenneth Cole products for meetings and conferences, and to American Airlines for the generous donations of air transportation and related services that allow the Foundation to keep travel expenses to a minimum.

Since the early days of the epidemic, the art community has supported the fight against AIDS with steadfast generosity. amfAR is especially grateful to the many artists, galleries, and museums that have contributed to the resounding success of TWO x TWO for AIDS and Art, an annual dinner and auction of works by renowned contemporary artists that benefits amfAR and the Dallas Museum of Art. Graciously hosted each year by Howard and Cindy Rachofsky, TWO x TWO for AIDS and Art has raised more than \$25 million since its inception in 1999.

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Poul Kjaerholm Family Knoedler & Company

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Jeff Leatham
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Michael Werner Gallery Mitchell-Innes & Nash Moët Hennessy Gordon Moore

Moss

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Museum 52

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John Eric Sebesta Interiors
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Louis Vuitton North America
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Michael Tilson Thomas Tiffany & Company todd.event design.creative

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Tommy Toy's Cuisine Turtle Creek Chorale twenty and seven

Umbrelli
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Walnut Street Theatre
The Weinstein Company
White Lioness Media

Wicked

Williams-Sonoma Home

Kristina Wrenn Giuseppe Zanotti

Zoë Chicco Contemporary

Jewelry Zuni Restaurant Zuppa Restaurant

PLANNED GIVING

Planned or deferred giving is a farsighted investment in the future. Generous beguests and other planned gifts help ensure that amfAR can sustain its support of innovative HIV/AIDS research programs over the long term. Between October 2008 and September 2009, the Foundation was the grateful beneficiary of the planned gifts listed below, including particularly generous legacies from Clay M. Felts, Trudi Frank, Eliot Glazer, and Richard W. Weiland.

Jill and Jayne D. Franklin

All Giving Levels

Harold S. Alexander Robert H. Baker Michael F. Bennett Henrietta T. Braunstein John Perryman Davidson, III Dorothy Devich R. L. Donald, Jr. David K. Evers Clay Felts Lillian and Frank Fields

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VOLUNTEER SUPPORT

In addition to the volunteers who generously serve on amfAR's boards and advisory committees, the Foundation is fortunate to have the support of many committed individuals who offer their time, professional expertise, and financial resources for amfAR's benefit.

In some locales, notably Dallas, Philadelphia/Bucks County, and San Francisco, these dedicated allies have established volunteer steering committees and have organized benefit events that help attract new supporters and build awareness of amfAR's work.

In addition, amfAR is fortunate to enjoy the support of many celebrity volunteers from the fields of art, fashion, film, music, haute cuisine, publishing, and television who generously donate their time and talents to the Foundation's benefit events. amfAR is especially grateful for the dedicated support of Founding International Chairman Dame Elizabeth Taylor and Global Fundraising Chairman Sharon Stone, who remain highly visible and effective spokeswomen for the Foundation.

For many years, amfAR has benefited enormously from the steadfast support of two unique volunteer organizations: Concerned Parents for AIDS Research (CPFA) and the Bucks County Committee.

CPFA

Concerned Parents for AIDS Research (CPFA) was created in 1989 by a group of parents who, spurred by Alison Gertz's public revelation that she had AIDS, realized that young people everywhere were at risk.

CPFA seeks to secure an AIDS-free future by funding basic biomedical and clinical research to develop a preventive vaccine and a cure for HIV/AIDS, and by working to raise AIDS awareness and encouraging parents to become actively involved in finding a solution to this public health crisis. Since its inception, CPFA has raised more than \$6 million for AIDS research.

CPFA Executive Board of Directors

Andrea Acker Roberta Bogen Ivy Duneier Marjorie Emden

Carol Gertz Annie Gilbert Rosalind Glaser Dr. Andrew Lipschitz

Eileen Mitzman Lois Nipon Tina Simner Rory Teitelbaum

Wendy Wetchler

Bucks County Committee

The Bucks County Committee for amfAR is part of the Greater Philadelphia community, which was among the first to respond to the AIDS crisis in this country.

To date, these donors have contributed more than \$4.5 million to amfAR, which the Foundation has used to provide grants and fellowships to 80 Philadelphia-area researchers

Committee Members

David McShane and Kenneth G. Schaefer Chairs

Randy Apgar and Allen Black

Jay Johnson and Irwin Weiner Greg Kammerer and Fred White David Topel

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Giuseppe Zanotti

WORKPLACE GIVING

Workplace Giving Programs allow donors to direct a percentage of each paycheck or a fixed dollar amount to amfAR.

Among the many generous individuals who contribute in this way are federal employees and U.S. military personnel who make donations through the Combined Federal Campaign (CFC). amfAR is listed with the CFC as AIDS Research Foundation (amfAR), and our CFC designation number is 11996. amfAR is represented in the CFC by Community Health Charities, a federation of national health agencies. Other donors make their contributions through state and municipal employee campaigns, United Way "write-in" designations, and independent corporate workplace giving programs.

amfAR is deeply grateful to the companies and agencies that allow it to participate in their campaigns and to the many individuals who direct their workplace contributions to the fight against AIDS.



FINANCIAL SUMMARY

In the face of a struggling economy, amfAR enjoyed a solid fiscal year, and its prudent financial management was rewarded with a top four-star rating from Charity Navigator.

Message from the Treasurer and the Chair of the Finance and Budget Committee

We are pleased to present the audited financial statements of amfAR, The Foundation for AIDS Research, for the fiscal year ending September 30, 2009.

Although the global economic downturn made this a challenging period for all nonprofits including amfAR, the Foundation's long-term commitment to prudent financial management allowed it to maintain its lifesaving programs without the retrenchment faced by many other organizations. Public support and revenue came in at a respectable \$22.9 million. With the exclusion of an extraordinary \$8.1 million bequest booked in 2008, this figure represents a decrease of only \$3.9 million, or 11.2 percent, compared to the previous year.

While the Foundation had an operating deficit for the year of \$2 million, this was just half of what had been projected in light of the global recession. By maintaining its reserves at recommended levels during more prosperous times, amfAR was comfortably able to cover this shortfall and to position itself for continued program growth and accomplishments in 2010.

The Foundation continued to operate efficiently and employ donor contributions effectively. The supporting services ratio—the ratio of fundraising and management expenses to total support and revenue—remained low at 27 percent. In addition, the program spending ratio was a commendable 75.1 percent—meaning that 75.1 cents out of every dollar spent was invested directly in critical program activities.

Robust ratios and prudent fiscal management were rewarded with a top four-star rating from nonprofit 'watchdog' agency Charity Navigator. And once again amfAR met the stringent requirements of governance and financial accountability demanded by the Better Business Bureau's Wise Giving Alliance and the federal government's workplace fundraising program, the Combined Federal Campaign, as well as many state employee workplace giving campaigns.

A copy of the complete audited financial statements, prepared in accordance with generally accepted accounting principles for not-for-profit organizations as established by the American Institute of Certified Public Accountants, is available upon request from amfAR at 120 Wall Street, 13th Floor, New York, NY 10005.

Wallace Sheft, C.P.A.

Treasurer

Michael J. Klingensmith

Chair

Wallow Shoft Murael & Kleigenenick

Finance and Budget Committee

FINANCIAL HIGHLIGHTS (FOR THE YEAR ENDED SEPTEMBER 30. 2009)

PUBLIC SUPPORT AND REVENUE

Total Public Support & Revenue	\$22,868,717
Investment Income & Other Revenue	1,265,749
Government Funding	5,571,904
Planned Giving	2,192,048
Special Events	7,113,283
Public Support	6,725,733

EXPENSES

Research	8,181,190
TREAT Asia	4 000 050
MSM Initiative	1 550 911
Public Policy	4 050 700
Education & Information	2,746,701
Total Program Expenses	\$18,703,694
Fundraising	3,968,897
Management & General	2,217,572
Total Supporting Services	\$6,186,469
Total Expenses	\$24.890.163





STATEMENT OF FINANCIAL POSITION

ASSETS		LIABILITIES	
Cash & Investments	22,823,352	Accounts Payable & Accrued Expenses	1,712,165
Prepaid Expenses & Other Assets	660.216	Grants & Fellowships Payable, Net Deferred Support & Refundable Advances	1,255,912
Furniture, Equipment, & Leasehold Improvements		Other Long-Term Liabilities	429.309
Total Assets	\$33,507,816	Total Liabilities	\$5,274,457

NET ASSETS

Net Assets, Beginning of Year	30,254,805
Change in Net Assets	(2,021,446)
Net Assets, End of Year	\$28,233,359
Total Liabilities & New Assets	\$33,507,816

LEADERSHIP

Based in New York City, amfAR has offices in Washington, DC, and Bangkok, Thailand. The Foundation is governed by a board of trustees whose members donate their time, talents, and resources in support of the Foundation's mission.

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ACKNOWLEDGMENTS

This annual report was designed by Kelli Anderson, and produced by amfAR's Public Information department:

Carolyn Hanson

Project Manager

AnnMari Shannahan Vice President Katherine Rumph
Assistant Coordinator

Andrew McInnes

Group Director, Public Information

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Constance Herndon Senior Staff Writer

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Is a Cure for HIV Possible?

Sandrina Da Fonseca

HIV, HAART, and the Heart

Photo 1: Rowena Johnston, Photos 2-5: iStockphoto.com

Money Boys and the Spread of HIV in China

Photos 3 and 4: Courtesy of Hongjie Liu, Photo 5: Courtesy of AIDS Project Los Angeles

Investing in the Future of AIDS Research

Photo 1: Karl Grobl

In Kenya, Promoting Sexual Health to Fight HIV

Kelli Anderson

AIDS Care Done Right

Photos 1-3, 5: Karl Grobl, Photo 4: Louis Galdieri

Reaching MSM in Ukraine's Prisons

Courtesy of Nikolaev Regional Youth Movement Penitentiary Initiative

Harm Reduction—More than Syringes

Kelli Anderson

A Call to Action at Landmark AIDS Summit

Photos 1–2: Paul Morigi/WireImage.com, Photos 3–5: Winnie McCroy

Fighting for Transgender Rights and Healthcare

ProActividad

Advocating a National HIV/AIDS Strategy

All photos courtesy of the White House Office of National AIDS Policy.

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