



2013 annual report





Non-violent demonstration at IAS 2013 against the Trans-Pacific Partnership Agreement and Access to medicines (TPP).
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The International AIDS Society

OUR MISSION

Who we are

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals.

Our members include professionals from all disciplines, most notably scientists, clinicians, nurses, laboratory technicians, educators, social service providers, health care providers, advocates, lawyers, media practitioners, and policy and programme planners.

Our Vision

The future we see: a global movement of people working together to end the HIV epidemic, applying scientific evidence and best practice at every level of the HIV response.

WHAT WE DO

We connect. By convening the world's foremost international conferences on HIV and AIDS and specialized meetings, we provide critical platforms for presenting new research, promoting dialogue and building consensus to advance the global fight against HIV.

We promote. By promoting dialogue, education and networking, and providing access to best practice, professional development and skills building, we help build capacity and close gaps in knowledge and expertise at every level of the HIV response.

We mobilize. By advocating for the right to an evidence-informed response to HIV and for a concerted research effort to build that evidence base, we contribute to continuous improvement of the global response to HIV.





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IAS 2013 Volunteer.
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On the front cover, from left to right: IAS 2013 Local Co-Chair Adeeba Kamarulzaman, Activist Roslan Hamzan, and Dr. Deborah Persaud.
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Message from the President and the Acting Executive Director

Dear IAS members, partners and supporters,

Last year we celebrated twenty-five years of IAS commitment to overcoming HIV. In this quarter of a century the organization and the global response to the epidemic has gone a very long way by constantly evolving to best address the issues presented by HIV and AIDS. When we started back in 1988, no one could imagine how the history of HIV or the IAS itself was going to unfold and today we can say that, together, we have accomplished some remarkable results.

Nowadays thanks to antiretroviral treatments being HIV positive is no longer a death sentence in most countries. Globally, more and more people every year have access to these life-saving drugs. Also, science has recently delivered new prevention tools that have the potential to reverse the course of the epidemic.

Yet, more than three decades on from the discovery of the virus, too many people still do not have access to prevention and treatment and too many government policies continue to be based on discriminatory ideology rather than scientific evidence. Our role as an independent organization is to foster high-quality research through our research promotion activities, to provide platforms for dialogue and disseminating new science at our conferences and to speak up against laws and practices not based on evidence and rights.

In 2013 the IAS went through an in-depth analysis aimed at understanding better in which areas the organization can make a stronger impact and how it can improve the way it carries out its activities. As a result, it was decided to focus on three key priorities in 2014: Key Affected Populations (KAPs) HIV Cure; and Paediatric HIV. Our KAPs activities will mainly focus on men who have sex with men; people who inject drugs; sex workers; and transgender people. The IAS also decided to create a working group on co-infections that will in particular focus on hepatitis, tuberculosis and human papillomavirus. In the context of emergence of new treatment options against these co-infections, the objective of the working group will be to increase visibility during conferences and advocate for equal access to treatments,

Additionally, we decided to enhance the potential synergies between our Research Promotion and Advocacy work by merging our activities in these two areas. At the same time, in 2013 we carried out several projects linked to our other priorities (Effectiveness and Efficiency of National AIDS Programmes; Human Rights; Social and Political Research; and Treatment as Prevention) which in the future will be incorporated into our three primary priorities.

In June 2013, more than 5,000 participants gathered in Kuala Lumpur, Malaysia, to attend the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013).



Françoise Barré-Sinoussi, President.
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Bernard Kadasia,
IAS Acting Executive Director.
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This conference will be remembered for the high level science presented, especially in the field of HIV cure, and for the launch of the new WHO guidelines on antiretroviral treatment. We are pleased that researchers from all over the world choose our conferences to present their findings to an international audience and that the conferences are seen as key fora to share information and promote dialogue. We have already opened up our conferences and programmes to co-morbidities and co-infections, and we want to further increase this cross-fertilization as we believe that an interdisciplinary approach is crucial to address current and future global health challenges.

If we have become a strong and reliable voice in the field of HIV we must thank you; our members, our partners and our donors for the consistent support showed over the years. As the IAS's tagline reminds us, we are stronger when we are together, and it is only with a collective effort that we will finally defeat the epidemic.

Best Wishes,

Françoise Barré-Sinoussi
President

Bernard Kadasia
Acting Executive Director

July 2014

IAS Strategic Plan 2010 – 2014

The IAS strategic plan was developed in 2009 at a critical time in the global response to AIDS. Despite the remarkable progress demonstrated as a result of scaling up prevention, treatment, care and support programmes, coupled with the impact that research is having on our understanding of the epidemic, political and financial commitment to AIDS appears to be lagging behind in some countries.

At a time when there appears to be growing complacency among many political leaders and communities, the strong voice of the IAS and its membership of HIV professionals is more important than ever.

This annual report describes IAS activities during the fourth year of the strategic plan, showing IAS members, donors and partners how their participation, investment, support and collaboration have enabled the IAS to deliver on its commitments and strengthen its leadership role in the global response to AIDS. The IAS Strategic Plan 2010–2014 is available at www.iasociety.org

A new Strategic Plan, to start in 2015, is currently being developed.



IAS STRATEGIC PLAN 2010–2014

To achieve our mission and vision, the IAS will pursue three interconnected goals:

Goal 1: Increase knowledge and skills and foster creative solutions to challenges in the response to AIDS through dialogue and debate.

Goal 2: Advocate for the implementation of effective, evidence-based policies and programmes to enhance the global response to AIDS.

Goal 3: Strengthen research capacity, identify research priorities across all disciplines and advocate to address them.

The IAS has three foundations, which reflect the core strength and assets of the organization:

Foundation 1: Our international conferences on HIV and AIDS are effective and efficient.

Foundation 2: Our organization is effective and sustainable.

Foundation 3: Our membership is strong, diverse and experienced.

These foundations will enable the IAS to fulfil the ambitious programme of work described in its strategic plan.

In all its work, the IAS recognizes the importance and key role of the full range of HIV professionals in the global, national and local HIV responses and their efforts to deliver services, as well as strengthen systems and build knowledge.



Conferences, Professional Development and Partnerships

More than 25 years' experience has demonstrated the critical importance of building and sustaining a highly motivated, informed, well-trained and supported workforce of HIV professionals. The work of the IAS is strongly focused on this objective, which we endeavor to achieve through the organization of international conferences on HIV and AIDS, professional development programmes, education and skills-building activities, and collaboration with other conferences and organizations.

7TH IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION (IAS 2013)



With 5,167 participants, including some 200 media representatives, from 127 countries, the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) was held in Kuala Lumpur, Malaysia from 30 June – 3 July 2013.

The IAS 2013 programme featured 71 sessions, 9 plenary presentations, 17 satellite meetings, 12 workshops, 35 exhibits and numerous affiliated events. The scientific content of IAS 2013 was exceptionally high as the result of a robust programme culled from more than 2,100 abstract submissions from some 100 countries worldwide. Abstracts were submitted in the following four areas:

- Basic Sciences (Track A)
- Clinical Sciences (Track B)
- Prevention Science (Track C)
- Operations and Implementation Research (Track D)

It was encouraging to see that the number of accepted abstracts from Asia Pacific held steady at 21% and accepted abstracts from Africa increased to 33%, a 5% rise from IAS 2011.

Two major scientific developments were unveiled at IAS 2013. The first being the new WHO guidelines. The new guidelines recommend starting antiretroviral treatment as soon as the CD4 cell count falls to 500 cells/mm³ or less. The previous WHO standard was to offer treatment at a CD4 count of 350 cells / mm³ or less, effectively, when the virus has already started to damage the patient's immune system. Under the new guidelines, some 26 million HIV-positive people – or around 80% of all those with the virus – should be getting antiretroviral therapy. The guidelines also recommend that all pregnant or breastfeeding women and all children with HIV under five years old should start treatment immediately, whatever their CD4 count, and that all HIV patients should be regularly monitored to assess their viral load.

The second ground-breaking development involved two cancer patients also infected with HIV. Both showed no trace of the virus in the cells and tissues examined, after receiving stem-cell transplants and later stopping antiretroviral therapy. The finding suggested that they could be on track to achieving long-term control of their AIDS-causing infection.

These two HIV-infected patients received reduced-intensity conditioning allogeneic hematopoietic stem cell transplantation (RIC-*allo*HSCT) from wild-type CCR5 donors while continuing ART.^{1,2} The two patients, referred to as the “Boston patients,” stopped HIV treatment after the transplants, which in other cases has led to the virus returning. At the time of the presentation, one patient had no sign of the virus 15 weeks after stopping treatment, while the other had gone seven weeks without HIV rebounding. New information at the start of 2014 showed that the virus had rebounded in both patients.

IAS 2013 once again demonstrated the key role of the IAS Conference on HIV Pathogenesis, Treatment and Prevention in bringing important new scientific knowledge to bear on the understanding of HIV and how best to shape the response to it.

More information on IAS 2013 is available in the IAS 2013 Conference Summary Report: <http://ow.ly/yJlFM>



1. Henrich T et al. Long-term reduction in peripheral blood HIV type 1 reservoirs following reduced-intensity conditioning allogeneic stem cell transplantation. *Journal of Infectious Diseases*. 2013, 207:1964-1702.

2. Henrich T et al. In depth investigation of peripheral and gut HIV-1 reservoirs, HIV-specific cellular immunity, and host microchimerism following allogeneic hematopoietic stem cell transplantation. 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, abstract WELBA05.

Gottfried Hirnschall at the IAS 2013 WHO Press conference for the new WHO guidelines. ©IAS/Steve Forrest/Workers' Photos

SCIENTIFIC HIGHLIGHTS OF IAS 2013

The Bangkok Tenofovir Study

The Bangkok Tenofovir Study assessed whether people who inject drugs can adhere to daily pre-exposure prophylaxis (PrEP).³ Previous trials of tenofovir-based oral PrEP yielded divergent results, with adherence proving a critical determinant in successful protection from HIV infection. The Bangkok Tenofovir Study is the first randomized, placebo controlled trial to test PrEP of any sort in people who inject drugs. After seven years researchers found that the study participants took tenofovir as PrEP 84% of the time, which was associated with a significant reduction in HIV infection: with 17 new infections in the study group compared to 33 in the placebo group – or a 49% reduction in HIV infection risk.

The HIV NAT 152 PEARL Study

The HIV NAT 152 PEARL Study from Thailand showed that 70% of the standard dose of lopinavir / ritonavir (the protease inhibitors used most often to treat children) is as effective in achieving and maintaining viral suppression as the standard dose – with the added advantage that lower doses led to lower mean levels of total cholesterol and triglycerides. The 48-week analysis of the five-country ARIEL study of antiretroviral-experienced children between three and six years and weighing between 10kg and 20kg found that children in this cohort receiving darunavir / ritonavir and an optimized background regimen had a high virologic response rate and favourable safety findings, with no resistance developing. These findings led to a recommendation of doses for this age group.⁴

HIV Reservoirs

Research is focusing on sites where HIV reservoirs might remain hidden and prevent a functional cure. T follicular helper cells may act as one of these reservoirs. One study determined that players in the p21 / RNR2 / E2F1 cascade may represent therapeutic targets, and another study found that the neutralizing antibody 3B3, if bound to a toxin before mice are treated with antiretroviral therapy (ART), led to a significant reduction in viral load.

Antiretroviral Therapy (ART)

A number of studies focused on the development of diseases in people living with HIV who have consistent access and a positive response to ART. These people are now developing a range of age-related co-morbidities, including cardiovascular disease, and increased levels of multiple markers of inflammation. A study in western India confirmed that people living with HIV undergoing treatment with tenofovir have a higher rate of nephrotoxicity than patients taking non-tenofovir regimens; the study site is important because tenofovir is becoming a drug of choice in resource-limited countries. Another study confirmed that HIV infection affects bone mineral density and a large population-based study found a five-fold increased risk of hip fracture in HIV-infected patients independent of gender, age, body mass index, smoking, alcohol consumption and other co-morbidities.

Timothy Henrich presenting the “Boston patients” late breaker, Track A session.
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Testing

Researchers looked at innovative ways to promote HIV testing as a crucial precursor to getting people living with HIV into care rapidly. One study assessed the impact of mobile testing services in Bangkok, and two studies looked at the use of incentives to increase testing: providing lottery tickets to those tested in a study in Lesotho and offering small cash incentives to hard-to-reach substance abusers in Canada: US Dollars (US\$) 10 for taking an HIV test and US\$5 if participants return for their results within four weeks. A Kenyan study looked at the advantages of home-based testing of pregnant women as a way to promote testing of partners and other family members.

Circumcision

Four studies examined ways to increase uptake of male circumcision as a way to reduce HIV transmission across Sub-Saharan Africa. The Systematic Monitoring of Voluntary Medical Male Circumcision (SYMMACS) Study looked at voluntary medical male circumcision services across a number of sites in South Africa.⁵ Three studies looked at the efficacy of promoting Shang Rings as an alternative to standard medical circumcision.

3. Barone MA et al. A field study of male circumcision using the Shang Ring, a minimally-invasive disposable device, in routine clinical settings in Kenya and Zambia. 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, abstract WELBC04.

4. Puthanakit T et al. A randomized study comparing low dose versus standard dose lopinavir/ritonavir among HIV-infected children with virological suppression. 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, abstract MOAB0101.

5. Rech D et al. Implications of the rapid scale up and the expansion of VMMC in South Africa for quality of services. 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, abstract MOPDD0101.

ARV Pricing in Low and Middle Income Countries

Data was presented showing that non-African middle-income countries are paying an average 400% more for ART than African countries with similar gross national incomes (GNI). The study – done by researchers in South Africa, Thailand and the UK and looking at five frequently prescribed antiretrovirals – found that antiretroviral prices remain stable in African countries regardless of GNI, while non-African countries have widely varying prices unrelated to GNI.



IAS 2013 Scholarship recipients.
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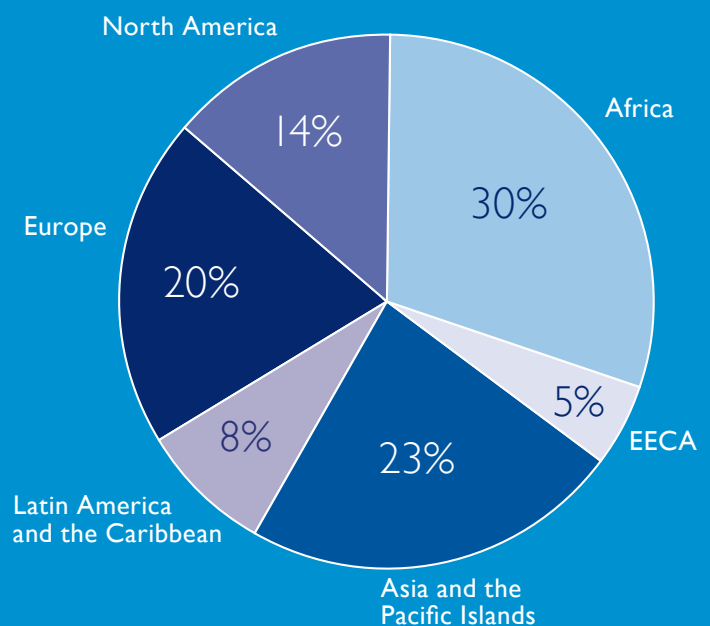
International and Media Scholarship Programme

The International and Media Scholarship Programme provides full and partial scholarships to highly qualified applicants who would be unable to attend IAS-convened conferences without financial support. The programme's goal is to bring to the conference individuals who are most able to transfer newly acquired skills and knowledge to their own organizations and communities upon returning home.

More than 1,200 scholarship applications from 113 countries, and representing science, community and the media were received for IAS 2013. The IAS awarded scholarships to 118 individuals who would directly contribute to the conference programme through oral sessions, poster discussions and exhibits, as well as to a number of health care professionals, researchers and community representatives. A small number of media representatives were funded to attend both the conference and pre-conference training.

The process of allocating the scholarships took many factors into account, including country of work, gender, age, occupation, type of organization and experience in the field.

Scholarship Budget Allocation by Geographic Region



Evaluating IAS 2013

The IAS 2013 Evaluation Report shows that the conference programme was overall highly rated and was successful in achieving the conference objectives and in providing new insights into HIV disease development, prevention and clinical care that can lead to new research directions. Despite financial constraints caused by the global recession, IAS 2013 was well attended and attracted thousands of researchers, health care workers, social service providers and other stakeholders engaged in the HIV and AIDS response.

Responses from surveyed delegates also demonstrated that IAS 2013 contributed to strengthening their skills and/or expanding their knowledge and that most delegates anticipated using what they gained from the conference in many different ways, citing information sharing with colleagues, peers and/or partner organizations, as the most common one. These findings combined with the free online access to the conference website and social networking tools, suggest that IAS 2013 reached far more than those who attended the conference.

IAS 2013 on social media

Conference organizers communicated with delegates and non-attendees via the conference website and blog, as well as Twitter, Facebook, YouTube and LinkedIn. The IAS 2013 Facebook page registered a total of 12,298 followers by the end of the conference (a substantial increase compared to 1,746 in 2011 and 1,145 in 2009).

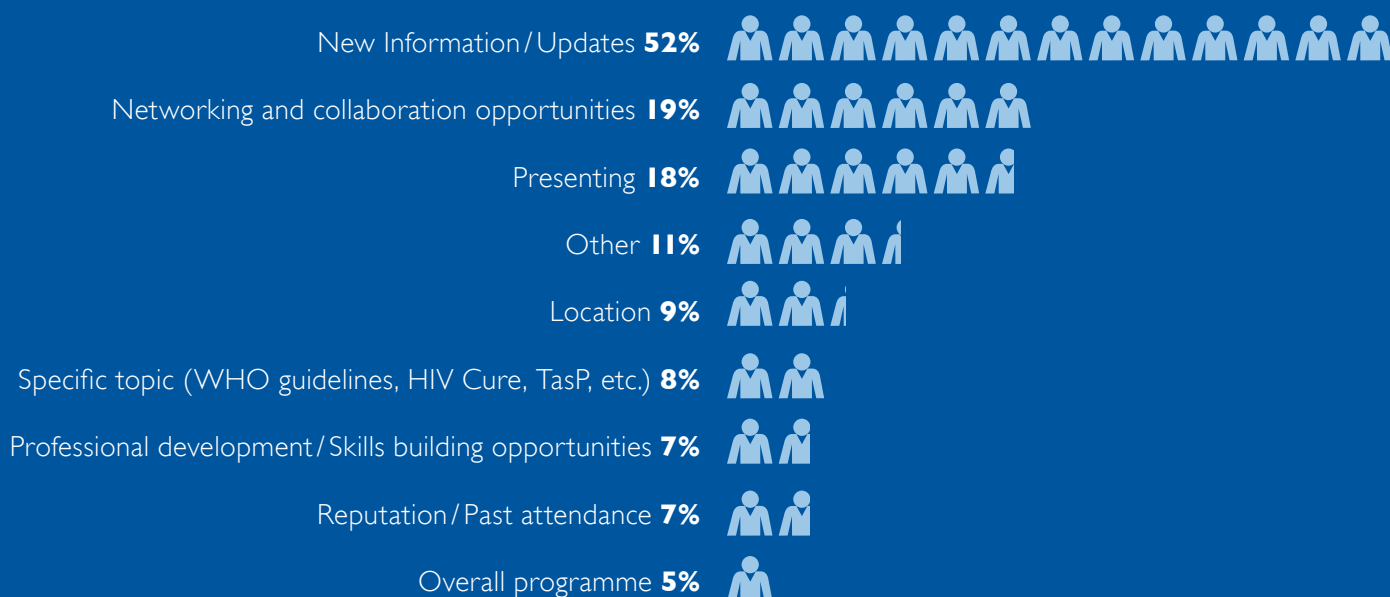
A total of 2,287 tweets were made about the conference (with the Twitter reference hashtag #IAS2013) from 30 June to 3 July. In addition, the conference website registered more than 20,000 visits during the week of the conference.

The complete IAS 2013 Evaluation Report is available online: <http://ow.ly/yJlTy>



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What motivated delegates to attend IAS 2013?



PROFESSIONAL DEVELOPMENT



Abstract Mentoring

For the sixth consecutive year, the IAS's Abstract Mentor Programme was a unique opportunity for young and/or less-experienced abstract submitters to receive feedback from experienced researchers before submitting their abstracts to an IAS-convened conference. Completely independent of the abstract review and selection process, the programme uses experienced researchers who volunteer to serve as mentors. They answer questions on practical issues in order to help the authors strengthen and improve their abstracts. During the IAS 2013 abstract submission period, 51 volunteer mentors provided feedback on 101 abstracts from 82 researchers who requested mentoring. In total, researchers subsequently formally submitted 98 abstracts to the conference. Of the submitted abstracts, 69% were accepted into the conference programme, including three for oral presentations.

IAS 2013 Conference Workshops

The programme of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) featured a suite of workshops, which covered all tracks and included several cross-cutting issues and themes. Designed by the Scientific Programme Committee and selected facilitators, the 12 workshops aimed at increasing the capacity of delegates to implement and advocate for effective, evidence-based HIV and AIDS policies and interventions in their respective communities and countries.

Journal of the International AIDS Society (JIAS) – Publish or Perish workshops

As part of the *Journal of the International AIDS Society's* mission to encourage the ongoing professional development of investigators working in HIV, the JIAS editors provide training to improve junior investigators' skills in writing for scientific, peer-reviewed journals.

The journal organized a *Publish or Perish* scientific manuscript writing workshop at the IAS 2013 Conference. The workshop evaluation showed high satisfaction with nearly 90% of the respondents rating the session as "useful" or "very useful". The workshops included opportunities for individual questions and discussions, as well as practical exercises.

In addition to activities during the IAS 2013 Conference, the JIAS also offered scientific writing workshops at the regional level, in resource-limited settings. These included the "International Conference on AIDS and STIs in Africa" (ICASA) and the International Congress on AIDS in Asia and the Pacific (ICAAP), both which took place in regions from which submissions of scientific articles are low. Those workshops were particularly successful since more than 90% of the respondents of a follow-up survey rated the training as "very useful" or "useful". In order to also make the information available to Francophone conference participants, JIAS editors also held a workshop on *Conference Abstract Writing in French* at the 2013 ICASA conference.

Workshops organized by the JIAS in 2013

Workshop	Conference	Date	Participants
"Publish or Perish: how to write a research manuscript"	IAS 2013, Kuala Lumpur, Malaysia	July 2013	150
"Publish or Perish: how to write a research manuscript"	ICAAP11 Bangkok, Thailand	Nov 2013	35
"Publish or Perish: how to write a research manuscript"	ICASA 2013, Cape Town, South Africa	Dec 2013	100
"How to write a conference abstract", English	ICASA 2013, Cape Town, South Africa	Dec 2013	140
"Comment rédiger un résumé scientifique pour une conférence", French	ICASA 2013, Cape Town, South Africa	Dec 2013	38

Writing e-course

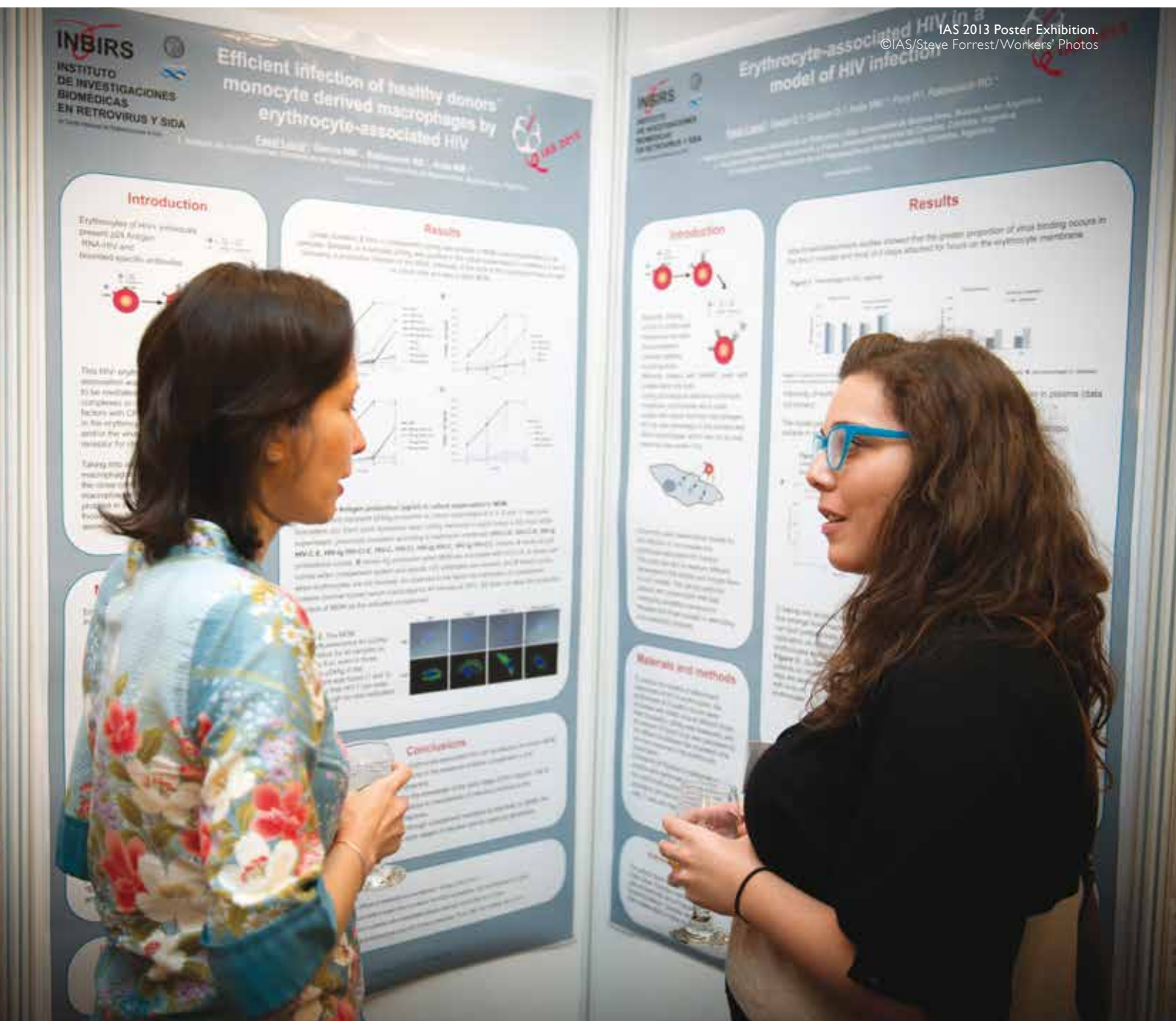
The IAS initiated a collaboration with the Health[e]Foundation with the objective of providing a variety of e-learning opportunities for young and less experienced investigators.

In 2013, the online course on *How to write a Conference Abstract*, developed in collaboration with Health[e]Foundation was linked to the Abstract Mentor Programme of conferences convened by the IAS. This course provides authors with comprehensive guidelines, illustrative examples and short exercises on scientific writing. The course supports capacity-building opportunities for health professionals and researchers in order to encourage the dissemination of essential findings resulting from their work.

In 2013, in collaboration with the Health[e]Foundation, IAS also developed an e-course on Scientific manuscript writing, scheduled to be published online in mid-2014.



IAS 2013 Media Centre.
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PARTNERSHIPS

The IAS believes that establishing and nurturing partnerships within the HIV world is pivotal to achieving a coherent and sustained response. Partnerships are crucial to the success of the conferences and other IAS activities. As a result, the IAS focuses on strengthening its existing partnerships and partnering with organizations to achieve common objectives.

For IAS 2013, the IAS partnered with the Centre of Excellence for Research in AIDS (CERiA), University of Malaya, a centre established in 2007 to undertake HIV-related research with a particular focus on HIV and substance use and related co-morbidities including tuberculosis (TB) and hepatitis C.

As part of the partnership work in 2013, the IAS also supported and attended the following conferences:

United States Conference on AIDS (USCA) 2013

As a programme partner, IAS assisted with the USCA abstract review and was present at the event, held from 8–11 September 2013, in New Orleans, USA, with an exhibition booth as well as organizing a seminar on *Social and Political Science Contributions to the Current HIV/AIDS Response*.

14th European AIDS Conference (EACS 2013)

The IAS was present at this event, held 16–19 October 2013, in Brussels, Belgium, with a well-received exhibition booth.

11th International Congress on AIDS in Asia and the Pacific (ICAAP11)

The IAS was involved in the organization of ICAAP by providing technical advice in both logistical and programme areas. During the intense conference week, 17–23 November 2013, in Bangkok, Thailand, the IAS booth was visited by both delegates and IAS Governing Council members present at the conference. Also the IAS organized a number of conference sessions.

The full conference report is available here: <http://ow.ly/yj1VL>

17th International Conference on AIDS and STIs in Africa (ICASA 2013)

Technical assistance was provided by IAS staff and leadership in the preparation of the 2013 edition of ICASA, held 7–11 December, in Cape Town, South Africa. In conjunction with the conference itself the IAS had an exhibition booth and organized a number of other events and sessions. Full conference report is available here:

<http://ow.ly/yj1Yz>



From left to right: Kenneth Mayer, IAS Governing Council Member, and Chris Beyrer, IAS President-Elect at the APCOM pre-ICAAP11 event. ©Jeanne Hallacy/ICAAP11

In addition, in 2013 the IAS collaborated and shared information with the Social Aspects of HIV/AIDS Research Alliance (SAHARA), the Southern African HIV Clinicians Society, the Global HIV Vaccine Enterprise, International Association of Providers of AIDS Care (IAPAC) and others.

Consultative Status with ECOSOC

In 2012, IAS was granted special consultative status with the Economic and Social Council (ECOSOC). The new status enables the IAS to actively engage with ECOSOC and its subsidiary bodies, as well as with the United Nations Secretariat, programmes, funds and agencies in a number of ways, including participation at meetings organized by the council, preparing statements to be presented orally or in written to the different commissions as well as designating authorized representatives to sit as observers at public meetings of ECOSOC and its subsidiary bodies, General Assembly, Human Rights Council and other United Nations intergovernmental decision-making bodies.



Policy and Advocacy

World AIDS Day 2013 in Melbourne, Australia.
©IAS

The IAS policy and advocacy work identifies and addresses issues and mechanisms in the policy environment that hinders the achievement of an effective HIV response informed by evidence and based on human rights and works to identify sustainable solutions to these challenges.

IAS policy advocacy work in 2013 covered six priority areas:

- Effectiveness and Efficiency of National AIDS Programmes (E²)
- HIV and Human Rights
- Key Affected Populations (KAPs)
- Social and Political Research
- *Towards an HIV Cure*
- Treatment as Prevention (TasP)

Effectiveness and Efficiency (E²) of National AIDS Programmes

The work under the priority strived to mainstream best practice and know-how from those directly involved in HIV programming, emphasizing in particular the contributions of HIV professionals at national, regional and local levels. It promoted evidence-based research on Effectiveness and Efficiency in HIV Programmes. It also contributed to sustainable National AIDS Programmes, based on increased country ownership and international solidarity and commitments. An Advisory Group on Effectiveness and Efficiency in National AIDS Programmes (E²) that brought together the global expertise to guide the IAS work on the priority was formed.

Country/Regional Consultations

These 2-day consultations were held in collaboration with national governments, UNAIDS and other partners bringing together all key stakeholders including IAS members, civil society, National AIDS Programme representatives, other service providers, and representatives from multilateral and bilateral funding organisations in the country/region.

- Country Consultation: Abuja, Nigeria (January) brought together 55 participants from different regions.
- Regional Consultation: Francophone Africa consultation held in Dakar, Senegal (July) brought together 60 participants from 15 countries (Francophone Central and West Africa).
- Country Consultation: Cape Town, South Africa (December) brought together 54 high level participants from different parts of the country.

The consultations highlighted best practice in the respective countries and suggested areas for improvement to develop inclusive models. The discussions also highlighted new science, including the tools for measuring effectiveness, efficiency and sustainability. The consultations have also given special attention to scaling up of services for Key Affected Populations. A significant outcome of the consultations has been the recognition of HIV professionals and the IAS members, as an important partner in any E² discussions, especially within the countries.

HIV and Human Rights

The work on Human Rights and HIV Professionals has two dimensions – on the one hand shedding light on the violations that HIV professionals face, on the other hand building capacity and mobilizing HIV professionals to be champions of human rights in the HIV response.

The IAS *Human Rights Code of Conduct for HIV Professionals* – The background work and foundation for the development of the code was done. The code is designed to assist HIV professionals to implement human rights-based responses to HIV by improving their knowledge and commitment to international human rights obligations. A concept note, review of literature and background research was conducted and a draft code prepared. A technical working group was set up to provide technical expertise and strategic advice on the code.

A satellite session on Human Rights and the Role of HIV Professionals was held at the ICAAP II conference in Bangkok. In addition, a resource library with relevant human rights documents, obligations and existing codes is now available online: <http://ow.ly/yjmlld>



March at AIDS 2008, Mexico City.
©IAS/Mondaphoto

Key Affected Populations (KAPs)

Despite significant progress towards the goal of universal access to HIV prevention, treatment and care, KAPs remain severely underserved in too many settings. Worldwide, HIV continues to affect these populations disproportionately, and stigma, discrimination and flawed policies continue to limit their access to the services they need and want. A combination of social, legal and economic injustices faced by KAPs raises barriers for them accessing prevention, care and treatment services. The KAPs which the IAS focuses on are; Men who have Sex with Men (MSM); People Who Inject Drugs (PWID); Sex Workers (SW); and Transgender People (TG).

The IAS advocates for the elimination of stigma and discrimination against KAPs, promotes policy and legal reform to ensure universal access to HIV services for KAPs and provides a voice for, and raises the concerns of KAPs at the most visible and influential international fora.

An Advisory Group on Key Affected Populations (KAPs) was established to guide the IAS work on the priority. The working group on HIV-related travel restrictions was revamped.

A number of events were organized under this priority during and prior to the IAS 2013 Conference in Kuala Lumpur:

- "High Level Panel on Drug Policy and Public Health" organized by the IAS with Global Commission on Drug Policy on Sunday 30 June. The event promoted discussion on sensible, evidence-based solutions towards drug policy in Malaysia, in the region and globally.
- A Community Forum: "Building Partnerships between the Community and Scientists to Strengthen the Response to HIV" – organized on Sunday 30 June with the IAS 2013 Community Advisory Group (CAG)
- A Satellite Session "Towards "Zero Discrimination": what can scientists do to help end HIV-related restrictions on entry, stay and residence" co-organized by the IAS with UNAIDS, the European AIDS Treatment Group (EATG) and the Global Network of People Living with HIV (GNP+) on Tuesday, 2 July 2013.

The IAS Advisory Groups for KAPs and TasP held a meeting on “Maximizing the treatment and prevention benefits of ART for Key Affected Populations” in September in London. The two groups developed the framework for a White Paper and started work on it.

The programme also assisted in the expansion of the Virtual Knowledge Centre (VKC) created by the Eurasian Professional Association of Addiction Medicine (EPAAM) in Ukraine, to serve Russian language speaking regions.

The IAS used articles (in peer reviewed journals, magazines, IAS Newsletters) statements, press releases, fact-sheets and blog posts) which have been vital instruments to position itself and advocate on critical issues regarding HIV and KAPs all through the year.

Social and Political Research

The goal of the IAS work on this priority was to increase the contribution of social and political research to the HIV response globally and locally. Social and political research has already played a significant role in providing evidence of how social drivers of HIV, such as social and cultural norms, beliefs and values, as well as the political context and related institutions and networks shape and determine the epidemic and the response to it.

The activities under this priority also contributed to the analysis of the nature of the political response to the epidemic and the implications thereof.

- An Advisory Group on Social and Political Research was formed to guide the IAS work on the priority, along with a working group on Political Research. It was also ensured that Advisory Group members participated in other IAS working groups, such as on KAPs, Towards a Cure and TasP.
- The IAS linked with the Association for the Social Sciences and Humanities in HIV (ASSHH) through their 7–10 July 2013 conference in Paris and convened a face-to-face meeting of the Advisory Group at that conference.
- A session organized by IAS was held at the United States Conference on AIDS (USCA) in New Orleans in September on “Social and Political Science Contributions to the Current HIV/AIDS Response” focusing on community engagement in HIV research.
- The IAS also organized a satellite session and a networking event in conjunction with several South African universities to be held at the International Conference on AIDS and STIs in Africa (ICASA 2013) 5–9 December in Cape Town, South Africa. This event was a twofold with the objective of ensuring that social and political science is represented at ICASA and identifying and networking with social scientists, particularly emerging and early-career scholars in Africa who can make an invaluable contribution to the HIV response moving forward.
- The IAS also assisted in preparing and submitting a symposium and bridging session proposals to the 20th International AIDS Conference (AIDS 2014) programme development process, in collaboration with the AIDS 2014 Track D Co-Chairs.

Towards an HIV Cure: Global Scientific Strategy

In 2013, the IAS *Towards an HIV Cure* initiative was expanded and reinforced, building on the success of previous years. Subsequent to the successful launch of the Global Scientific Strategy and of the meeting in Washington, D.C., in 2012, the IAS held a new edition of the annual symposium in Kuala Lumpur, in July 2013 immediately prior to the IAS 2013 conference. The symposium, held on 29–30 June 2013, attracted over 250 participants including senior, mid-career and junior scientists, clinical researchers, scientific journalists, research funding administrators and community representatives from around the world and provided a unique setting for the presentation and discussion of the latest research on HIV cure in all disciplines. The two-day meeting was hosted by the IAS with the support of the National Institutes of Health, Office of AIDS Research (NIH-OAR), the French National Agency for Research on AIDS and Viral Hepatitis (ANRS), and the Canadian Institutes of Health (CIHR). A peer-review meeting report was published by the journal *Retrovirology*.

In 2013 the different working groups of the initiative were reinforced, resulting in enhanced interaction and dialogue between the members and research teams. The Working Group on Ethics wrote a review article on the ethical considerations in HIV cure research, which was published in the international journal *Current Opinions on HIV and AIDS*. Following this important publication, the Working Group on Ethics was dissolved and members integrated into the other working groups of the initiative (Psychosocial studies; Public Health and Cost-Effectiveness; and the Industry Collaboration Group) to ensure that ethics is a cross-cutting theme in all groups.

Additionally, in 2013, the IAS created a resource tracking group that joined forces with the HIV Vaccines and Microbicides Resource Tracking Working Group and AVAC with the aim of estimating the global investments in HIV Cure research. The resulting policy paper was disseminated on the occasion of the 2013 HIV Cure Symposium and the IAS 2013 Conference.

Finally, as the *Towards an HIV Cure* initiative remains committed to recruiting and sustaining skilled, effective, diverse and gender-balanced working groups, and to the greater involvement of PLHIV, in 2013, the HIV Cure initiative organized a call for nominations from community representatives and people living with HIV for participation in the initiative working groups and to facilitate training.



From left to right: Daniel Kuritzke, Deborah Persaud, Françoise Barré-Sinoussi, Sharon Lewin and John Frater at the “Towards an HIV Cure” press conference.
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Treatment as Prevention

The focus of the priority is in expanding access to ART for individual and societal benefit and to investigate and address programmatic and implementation challenges. The activities under the priority strived to bridge the gap between the science, scientific discourse and implementation of maximizing treatment and prevention benefits of ART.

An Advisory Group, formed in 2012, was expanded with the participation of the IAS' Governing Council to provide global leadership on issues related to "Maximizing Treatment and Prevention Benefits of ART". The group had two face to face meetings (Vancouver and Kuala Lumpur).

Three country consultations were held in Zambia (March), France (April) and Rwanda (July). Each of the two-day consultations had around 100 participants. Key stakeholders discussed and lifted up the key issues involved in scaling up of treatment in the national contexts. A wide spectrum of issues were dealt with – including economic and financing issues; behavioural issues; investment in prevention; making testing and treatment initiation accessible and acceptable; adherence to ART; and human rights concerns. The findings of the consultations have been shared nationally and internationally and contributed to think-tank and decision making processes. The consultations have also contributed to policy change to introduce earlier treatment in some countries, for instance in France.

Two events under this priority were also held during, and in relation to, IAS 2013:

- Pre-conference "Maximizing the treatment and prevention benefits of antiretroviral therapy for key populations: What additional evidence is required?" co-organized with WHO and amfAR, brought together a diverse group of 50 researchers, technical experts, policymakers, civil society representatives. The group discussed the latest scientific evidence and programme experiences and considered the ethical implications, and formulated and prioritized the key research questions so as to give strategic guidance for future work.
- Satellite "ARV-Based Prevention: State of the Art and Key Issues for a Multidisciplinary Research Agenda" was conducted with the Network for Multidisciplinary Studies on ARV-based Prevention (NEMUS). Discussion included opportunities and challenges for implementation of ARV-based prevention; drawing on existing, as well as new evidence generated by individual projects and fostered collaboration in ongoing studies.

The project also made presentations on the priority at regional and focused conferences in Vancouver, Buenos Aires, Bangkok and Cape Town.

The IAS Advisory Groups on TasP and KAPs started to work to map out the key issues, gaps and challenges in the implementation of TasP among key affected populations (KAPs), guiding efforts to ensure TasP reaches these KAPs.

Work was also done on a "Guidance Note on the use of antiretrovirals for prevention in the context of universal access to treatment" aimed at health care professional providing accessible, succinct information and research on the treatment and prevention benefits of ART.

A TasP Survey was launched in conjunction with IAPAC, aimed at HIV professionals, examining practices of clinical management of HIV, specifically regarding the effectiveness and safety of current antiretroviral treatments and perceptions about the evidence for TasP and its implementation. The survey was fielded in November and December, with results submitted as an abstract to AIDS 2014



Audience at the IAS 2013 Media Training.
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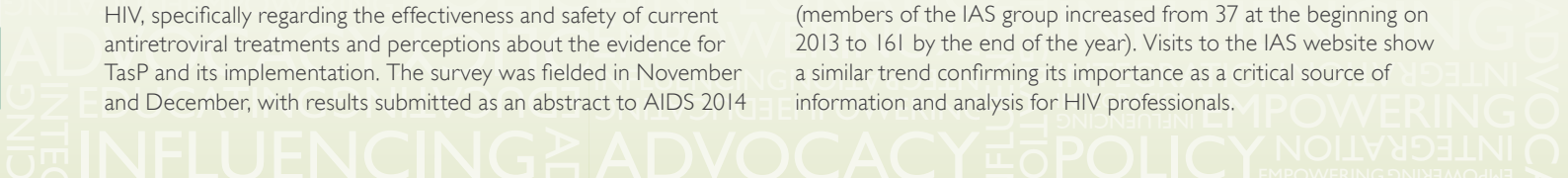
Communications

The ability to communicate effectively with members, donors, partners and a broad global audience is essential to the success of the IAS and its initiatives. Components of the communications plan include the IAS website; an online daily news service on HIV and AIDS; the *IAS Newsletter*, published three times a year; monthly membership and conference updates; policy and advocacy position statements; conference reports; media outreach, and social media tools including Facebook, Twitter, an official IAS blog, a YouTube channel and a LinkedIn group.

In 2013, the Communications department continued the strategic positioning of the IAS. Activities included press releases, public statements, interviews and opinion pieces placed in international key media outlets. In conjunction with the 25th anniversary of the organization, in 2013 the IAS adopted a special edition of its logo and the communications department launched a successful campaign to highlight the anniversary which included a dedicated webpage with the history of the IAS and interviews featuring all IAS Presidents.

In occasion of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) the communications department was responsible for several media events organized in the lead up to and during the conference that generated a successful media coverage of the event but at international and national level (<http://ow.ly/yjmGX>).

The IAS's online presence helped to strengthen its communications with members, partners and stakeholders by providing relevant and timely information, easing the coordination of advocacy initiatives and serving as a tool to provide professional development opportunities. In 2013 the IAS further increased its online presence. This was reflected in an impressive growth of its followers on Facebook (from 3,350 in November 2012 to more than 12,000 in November 2013), Twitter (from 1,500 followers in November 2012 to over 3,500 in November 2013), and LinkedIn (members of the IAS group increased from 37 at the beginning on 2013 to 161 by the end of the year). Visits to the IAS website show a similar trend confirming its importance as a critical source of information and analysis for HIV professionals.



Research Promotion

THE IAS-INDUSTRY LIAISON FORUM



Linking Experts in HIV Research

The year 2013 saw the IAS-Industry Liaison Forum (IAS-ILF) continue its work on children and women as outlined in its Strategic Plan 2012–2014 (<http://tinyurl.com/l236hyw>) and the landmark Consensus Statement, *Asking the Right Questions: Advancing an HIV Research Agenda for Women and Children* (<http://ow.ly/yjm6u>). The year also saw the IAS-ILF rethink itself and work towards deepened collaboration with industry as an important partner.

Activities

During the year, the IAS-ILF organized four meetings, which included a closed affiliated event at CROI 2013, the Conference on Retroviruses and Opportunistic Infections; two public satellite sessions at IAS 2013; and an independent event in Geneva in November. Meeting reports, as well as results of the evaluation surveys, are available on the IAS-ILF website: <http://www.iasociety.org/ilf.aspx>

The IAS-ILF held an affiliated event in conjunction with CROI, titled “Sex and Gender Differences in ARV-Based Prevention Research” (<http://ow.ly/yjm8l>).

The meeting was chaired by Sandra Lehrman (Merck), who introduced the speakers highlighting the sex and gender differences in treatment as prevention (TasP) and pre exposure prophylaxis (PrEP), from *in vitro* data to social science aspects. The meeting included a debate on whether PrEP is necessary or if scaling up TasP alone is sufficient to meet the antiretroviral (ARV) based prevention intervention needs of women. Follow up on discussion

of the CROI-affiliated event took place in the context of the TasP Workshop (Vancouver, Canada), where a poster, titled “Sex and Gender Differences in ARV-Based Prevention Research” (<http://ow.ly/yjm9R>) and co-authored by Catherine Hankins (Amsterdam Institute for Global Health and Development – AIGHD), Shirin Heidari (IAS), Sandra Lehrman (Merck) and Joep Lange (AIGHD), was presented.

At IAS 2013 a satellite session titled “Expanding HIV Prevention Options for Women” (<http://ow.ly/yjmce>) was co-organized with AVAC. The meeting was co chaired by Linda-Gail Bekker representing the IAS-ILF and Mitchell Warren representing AVAC. Linda-Gail Bekker presented an overview of available data regarding tenofovir-based PrEP in women. That led to an interesting discussion by the diverse panel, which included participants from WHO, academia, community and industry, thanks to its moderator, Catherine Hankins (AIGHD).

A second satellite session at IAS 2013, titled “Beyond Option B+” (<http://ow.ly/yjmnw>) was co-organized with UNICEF. The meeting was co-chaired by Elly Katabira representing the IAS-ILF and Craig McClure representing UNICEF. The session started with Elaine Abrams (Columbia University) presenting the latest facts on prevention of mother-to-child transmission. Two panel discussions followed, moderated by Chewe Luo (UNICEF) and RJ Simonds (Elizabeth Glaser Pediatric Foundation – EGPAF), respectively. The first panel discussed the hidden challenges regarding Option B+ while the second panel highlighted some of the key challenges in paediatric care and treatment.

An independent event, titled “Paediatric antiretrovirals: the barriers and solutions for improved access to optimal drugs in resource-limited settings” (<http://ow.ly/jmpk>), was organized towards the end of the year to discuss issues relating to paediatric antiretrovirals (ARVs). This closed meeting was the first of a new series of IAS ILF Thematic Roundtables. The event was attended by 13 ARV manufacturers and 12 international organizations and highlighted the industry’s efforts in paediatric ARV development and production and its willingness to work together with other stakeholders in this challenging area.

Future directions

During the past year, the IAS-ILF, while pursuing its different activities, made further steps towards building and strengthening synergy with industry in the global response to the HIV epidemic. The IAS-ILF indeed embarked on a process of rethinking itself which involved the entire IAS ILF Advisory Group. The work was expanded to rethinking the various ways in which the IAS had interacted with industry in the past and how it could do so in the future. A concept note was presented to the IAS Governing Council. The document listed novel ideas for further collaboration with industry while ensuring a clear firewall against conflicts of interest. It was complemented by the independent “Pharmaceutical Industry Process and Effectiveness Strategy” (PIPES) report by consultant Charlie Baran. The proposals were received with enthusiasm for the IAS-ILF to become a mechanism to inform and support collaboration and partnership between industry and the IAS in a broader manner.

THE JOURNAL OF THE INTERNATIONAL AIDS SOCIETY (JIAS)

The *Journal of the International AIDS Society (JIAS)* is an indexed, peer-reviewed scientific journal that provides a forum for the dissemination of HIV-related research and welcomes submissions from various disciplines; in particular, it encourages submissions from countries with high HIV prevalence.



It operates under the editorial leadership of Editors-in-Chief Susan Kippax, Papa Salif Sow and Mark Wainberg, the JIAS founding editor. As an open access journal, JIAS articles are available free online at www.jiasociety.org

The journal was founded in 2004 and has since then expanded in its reach, comprehensiveness and quality over recent years. JIAS received its first impact factor of 3.256 in 2012, which rose to 3.936 in 2013.

In 2013, the Editorial Team was expanded to include two Associate Editors, Kayvon Modjarrad and Martin Holt and the Editorial Board was renewed.

Overall in 2013, JIAS received 231 manuscript submissions and published 74 articles. Almost half of the submissions received were from authors based in low- and middle-income countries. Publications by JIAS reached a wide readership, with over 338,000 article accesses recorded in 2013. The website was visited by over 95,000 individuals from countries all over the world, including India, South Africa and Australia. JIAS also reached over 11,600 followers through its Facebook page and launched its twitter account (@jiasociety).

Four special issues were also published by JIAS in 2013. The special issue *Perinatally HIV-infected adolescents*, supported by the Collaborative Initiative for Paediatric HIV Education and Research (CIPHER), was launched at the 5th International workshop on HIV Paediatrics, in June. Its editorial content was guided by guest editors Mark Cotton and Lynne Mofenson. In November, the supplement *Global action to reduce HIV stigma and discrimination* was published under the editorial leadership of Cynthia Grossman and Anne Stangl. Webinars were organized by JIAS for the launches of these two supplements. Finally, *The epidemiology of HIV and prevention needs among men who have sex with men in Africa* supplement was launched in December. Its editorial content was guided by guest editors Cameron Wolf, Alison Surdo Cheng and Laurent Kapesa. JIAS also published the abstracts from the *HIV Drug Therapy in the Americas Congress*, which was held in Brazil, in June.

As part of the journal’s mission to encourage the ongoing professional development of investigators working in HIV, JIAS editors provide training to improve junior and less-experienced investigators’ skills in writing for scientific, peer-reviewed journals.



Audience at the IAS 2013 JIAS’ professional development workshop “Publish or Perish”.
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AWARDS, FELLOWSHIPS AND GRANTS TO EXPAND HIV RESEARCH

In 2013, the IAS and its partners sponsored a number of scientific prizes and awards to recognize and support promising young and established researchers who are doing outstanding work in HIV research.

IAS-NIDA Fellowship Programme

With support from the U.S. National Institute on Drug Abuse (NIDA), the IAS has established a research fellowship programme which is focused on HIV and drug use, with the goal of contributing to advances in the scientific understanding of drug use and HIV, while fostering multinational research.

The fellowship programme consists of two types of awards: US\$75,000 to be awarded to a junior scientist for 18 months of post-doctoral training; and US\$75,000 to be awarded to a well-established HIV researcher for eight months of professional development training. Both take place at leading institutes excelling in research in the HIV-related drug use field. Four post-doctoral fellowships were awarded in conjunction with IAS 2013 to:

Francis Bajunirwe, Uganda, Mbarara University, who will study "Impact of alcohol consumption and other substances on response to antiretroviral treatment in rural Uganda" under the guidance of David Bangsberg, Harvard Medical School, USA.

Sin How Lim, Malaysia, University of Malaysia, who will study "Behavioural data collection using mobile health technologies: Concurrency of substance use and sexual risk behaviours among men who have sex with men (MSM) in Malaysia" under the guidance of Frederick Altice, Yale University, USA.

Anh Dam Tran, Vietnam, University of New South Wales, who will study "Should the methadone maintenance treatment (MMT) eligibility criteria for drug users in Vietnam be less stringent? Impact of expanding MMT programme on drug use, health-related quality of life, and HIV transmission in Vietnam: A combination of a dynamic epidemic model and a quality of life cross-sectional survey" under the guidance of Greg Zaric, University of Western Ontario, Canada."

Bach Xuan Tran, Vietnam, Hanoi Medical University, who will study "Cost-effectiveness and willingness-to-pay for standalone, integrative and satellite models of dispensing methadone for the treatment of opioid dependence in Vietnam" under the guidance of Carl Latkin, John Hopkins University, USA.

Creative and Novel Ideas in HIV Research (CNIHR) Grant Programme

The CNIHR programme is jointly sponsored by the U.S. National Institutes of Health (NIH), the NIH-supported Centers for AIDS Research (CFARs) and the IAS with the aim of promoting innovative research and novel ideas from early-stage investigators.

The 2013 round of the CNIHR grant programme invited researchers without prior experience in HIV cure research to submit research projects with the potential of contributing to the search for an HIV cure. At IAS 2013, 11 research grants each worth up to US\$150,000 per year for two years were awarded to support new scientific approaches in the field of HIV cure research.

Matthew Callaghan, USA, Stanford University, will conduct a research project, entitled: "Sampling and analysis of thoracic duct lymphocytes in HIV+ patients", under the mentorship of Dr. Steven Deeks, University of California, San Francisco.

Sara Gianella Weibel, USA, University of California, San Diego, will conduct a research project, entitled "Impact of CMV replication on the HIV-1 latent reservoir", under the mentorship of Dr. Douglas Richman, University of California, San Diego.

Rik Gijssbers, Belgium, KU Leuven, will conduct a research project, entitled "Impact of integration site selection on HIV persistence", under the mentorship of Dr. Thumbi Ndung'u, Harvard/University of KwaZulu-Natal.

Nilu Goonetilleke, UK, University of Oxford, will conduct a research project, entitled "Development of a diagnostic T cell assay to confirm disruption of latent HIV-1 infection", under the mentorship of Dr. David Margolis, University of North Carolina at Chapel Hill.

Haishan Li, USA, University of Maryland, will conduct a research project, entitled "Targeting antiapoptotic signaling for eradication of HIV latent reservoir", under the mentorship of Jonathan Karn, Case Western Reserve University.

JJ Miranda, USA, The J. David Gladstone Institutes, will conduct a research project, entitled "Bridges within the HIV-human host genome", under the mentorship of Dr. Eric Verdin, The J. David Gladstone Institutes.

Lishomwa Ndhlovu, USA, University of Hawaii, will conduct a research project, entitled "Targeting Tim-3 for elimination of HIV reservoirs", under the mentorship of Dr. Steven Deeks, University of California, San Francisco.

Jonah Sacha, USA, Oregon Health and Science University, will conduct a research project, entitled "Defining and eliminating the macrophage reservoir", under the mentorship of Dr. Mario Stevenson, University of Miami.

Eileen Scully, USA, Ragon Institute for MHG, MIT and Harvard, will conduct a research project, entitled "Targeting NK cell activity to eradicate the HIV-1 reservoir", under the mentorship of Dr. Marcus Altfield, Massachusetts General Hospital.

Ma Somsuk, USA, University of California, San Francisco, will conduct a research project, entitled "Gut barrier dysfunction and dysbiosis on HIV persistence and immune activation", under the mentorship of Dr. Joseph McCune, University of California, San Francisco.

Di Yu, Australia, Monash University, will conduct a research project, entitled "A super-agonistic antibody to human IL-21 to boost immunity for HIV cure", under the mentorship of Dr. Alan L Landay, Rush University Medical Center.



THE COLLABORATIVE INITIATIVE FOR PAEDIATRIC HIV EDUCATION AND RESEARCH (CIPHER)

Despite significant progress in preventing new paediatric HIV infections, there are still 3.2 million children living with HIV worldwide. The paediatric population remains significantly disadvantaged with respect to treatment, with only 34% of eligible children receiving ART compared with the adult rate of 65%. As the HIV epidemic matures, there is an increasing population of adolescents living with HIV. In recent years, this particularly vulnerable group has seen a 50% increase in AIDS-related mortality compared with a decrease of 30% in the global population.

The Collaborative Initiative for Paediatric HIV Education and Research (CIPHER) was launched in 2012 with the support of a generous two-year unrestricted educational grant from ViiV Healthcare. Positioned as the flagship paediatric HIV research initiative of the IAS, CIPHER focused on two main goals in 2012–2013:

- Promoting and investing in targeted research to optimize service delivery and clinical management for infants, children and adolescents in resource-limited settings (RLS).
- Convening stakeholders and establishing collaboration mechanisms to strengthen communication, knowledge transfer and exchange among paediatric HIV cohorts.
- As a first step, a comprehensive research agenda in paediatric HIV was developed in collaboration with key stakeholders and experts: <http://ow.ly/jmr4> CIPHER started promoting this agenda through a core programme of activities, including a competitive grant programme, a global cohort collaboration and online cohort database. These activities were well received and, by the end of 2013, paediatrics was adopted as one of the three priorities of the IAS.



IAS-NIDA 2013 awardees. From left to right: Francis Bajunirwe, Sin How Lim, Anh Dam Tran, Bach Xuan Tran and Françoise Barré-Sinoussi.
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CIPHER

Paediatric HIV Matters



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CIPHER Grant Programme:

The CIPHER Grant Programme was specifically designed to attract early-stage investigators to paediatric HIV research in order to cultivate a new generation of scientists dedicated to the field and to foster innovative ideas and evidence-based approaches and interventions. All projects funded must take place in a resource limited setting and address one of the 12 clinical and operational priority research questions identified by the needs assessment. The call for letters of intent for this grant resulted in 143 applications, underlining the need for funding within this field of research. To maximize the impact of CIPHER in 2013, US\$1 million in total was granted to seven young investigators:

- **Paul Bangirana** from Uganda, Makerere University, *Does HIV subtype moderate ART effect neurocognitive functioning in children?*
- **Degu Dare** from Ethiopia, Addis Ababa University, *Antiretroviral treatment outcomes among adolescents living with HIV in Ethiopia.*
- **Rebecca Hodes** from South Africa, University of Cape Town, *Promoting adolescent antiretroviral adherence and sexual and reproductive health uptake in South Africa: How can health and social protection services collaborate programmatically with HIV-positive adolescents?*
- **Steven Innes** from South Africa, Stellenbosch University, *Novel methods for detecting and minimizing chronic cardiovascular, metabolic, respiratory, renal and bone disease in HIV-infected children treated with antiretroviral therapy in southern Africa.*
- **Atupele Kapito-Tembo** from Malawi, University of Malawi College of Medicine, *Pharmacovigilance of infants exposed to antiretroviral drugs given to HIV-infected mothers during breastfeeding.*



IAS-CIPHER awardees.
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- **Matthew Kelly** from the United States, The Children's Hospital of Philadelphia, *The effect of in utero exposure to HIV and antiretroviral therapy on the microbiology and outcomes of severe pneumonia.*
- **Nelleke Langerak** from the Netherlands, University of Cape Town, *HIV encephalopathy: definition of the natural history, physical characteristics and imaging findings in a group of children with gait abnormalities.*

Global Cohort Collaboration:

CIPHER convened a Paediatric HIV Cohort Investigator Consultation in Venice, Italy, in May 2013 with the major paediatric HIV cohorts worldwide. Notably, this meeting resulted in agreement of the cohorts present to collaborate on data-sharing projects to address two identified research gaps: (1) the length of time that first-line treatments work for children before failing; and (2) adolescent epidemiology and transition to adult care. CIPHER provided a grant of US\$500,000 to the three data centres that will be handling the data collection and analysis for the collaboration. This is the first collaboration to include such a broad range of participating paediatric cohorts; it represents about 280,000 children and adolescents affected by HIV.

Online paediatric HIV cohort database:

On World AIDS Day 2013, CIPHER launched an online, searchable paediatric HIV cohort database (www.ias-cipher.org) with an interactive map and complete cohort profiles, providing a centralized resource and tool for researchers, funders and policy makers. The aim is for all paediatric cohorts worldwide to register and contribute to the database. Currently, this online resource provides comprehensive information about individual cohorts, including data on the number of participants disaggregated by age, sex and route of transmission. Under development is an epidemiological tool to track the current number of participants enrolled in the cohorts. This platform will continue to expand with new ideas and improvements in 2014.

JIAS special issue:

In 2013, CIPHER produced a special issue in the *Journal of the International AIDS Society* (JIAS) on perinatally HIV-infected adolescents: <http://ow.ly/yjmu5>. With the burgeoning population of perinatally-infected children surviving into their adolescence, this publication covers some of the latest research addressing their unique needs and challenges with respect to their treatment and care. Issues discussed include; heart, kidney, lung and bone health, as well as the psychosocial well-being, epidemiology, metabolism and neurodevelopment of these adolescents.



PRIZES AND AWARDS

In 2013, the IAS and its partners sponsored the following scientific prizes and awards to top-scoring abstracts presented at IAS 2013 to reward promising young and established researchers doing outstanding work in HIV research.

IAS/ANRS Young Investigator Award

The IAS/ANRS Young Investigator Award is jointly funded by the IAS and the French National Agency for Research on AIDS and Viral Hepatitis (ANRS) to support young researchers who demonstrate innovation, originality, rationale and quality in the field of HIV research. One US\$2,000 prize was awarded to the top-scoring abstract in each of the conference tracks. In addition, an IAS/ANRS Young Investigator Award – Special HIV Cure Prize was awarded at the pre-conference symposium *Towards an HIV Cure*.

The IAS/ANRS Young Investigator Award – Track A, Basic Sciences, was awarded to **Kavidha Reddy**, South Africa, for the abstract “Association of APOBEC3G genetic variants with HIV-1 *vif* sequence variation and impact on HIV-1”.

The IAS/ANRS Young Investigator Award – Track B, Clinical Sciences, was awarded to **Michael Schomaker**, South Africa, for the abstract “When to start ART in children aged 2-5 years? Causal modeling analysis of leDEA southern Africa”.

The IAS/ANRS Young Investigator Award – Track C, Prevention Sciences, was awarded to **Jennifer Smith**, United Kingdom, for the abstract “Could misreporting of condom use explain the apparent association between injectable hormonal contraceptives and HIV acquisition risk?”.

The IAS/ANRS Young Investigator Award – Track D, Operations and Implementation Research, was awarded to **Raluca Buzdugan**, Romania, for the abstract “Feasibility of population-based cross-sectional surveys for estimating vertical HIV transmission: data from Zimbabwe”.

The IAS/ANRS Young Investigator Award – Special HIV Cure Prize was awarded to **Lachlan Gray**, Australia, for the abstract “HIV-1 entry and *trans*-infection in astrocytes: implications for cure and eradication”.



IAS/ANRS Young Investigator Awardees (from left to right) Kavidha Reddy, Michael Schomaker, Jennifer Smith, Raluca Buzdugan, Lachlan Gray, with Françoise Barré-Sinoussi and Jean François Delraissy.
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Definate Nhamo (centre) getting awarded with the Women, Girls and HIV Investigator's Prize by Barbara de Zaluondo (left) and Françoise Barré-Sinoussi (right).
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Women, Girls and HIV Investigator's Prize

The Women, Girls and HIV Investigator Prize is offered jointly by the IAS-Industry Liaison Forum (IAS-ILF) and UNAIDS, and supported by the International Centre for Research on Women and the International Community of Women Living with HIV/AIDS. The US\$2,000 prize is awarded to an investigator from a low-income or middle-income country whose abstract demonstrates excellence in research and/or practice that addresses women, girls and gender issues related to HIV. This prize serves to highlight the challenges faced by women and girls in this epidemic and to encourage investigators from low- and middle-income countries to pursue research in this area.

The Women, Girls and HIV Investigator Prize was awarded to **Definate Nhamo**, Zimbabwe, for the abstract “Factors associated with gender-based violence and unintended pregnancy among adolescent women living with HIV in Zimbabwe”.

IAS TB/HIV Research Prize

The aim of the US\$2,000 IAS prize on TB/HIV research is to generate interest and stimulate research on basic, clinical and operations research in TB/HIV prevention, care and treatment. The IAS TB/HIV Research Prize is an incentive for researchers to investigate pertinent research questions that affect TB/HIV co-infection and operational effectiveness of core TB/HIV collaborative services.

The IAS TB/HIV Research Prize was awarded to **James Houston**, United States, for the abstract “Tuberculosis burden is a barrier to starting isoniazid preventive therapy in HIV-infected children enrolled in care”.

Membership



IAS Booth at IAS 2013
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The membership of the IAS is the foundation on which the organization acts as the independent voice of experts and professionals working in HIV throughout the world.

A prominent, talented, respected, diverse and actively engaged membership is fundamental to the IAS, and is central to how we achieve our vision and mission. The substantial growth in membership – from less than 6,000 in 2004 to more than 16,000 in 2013 – presents new opportunities for the IAS to foster education and other measures to build capacity among our members and others working in HIV.

The IAS is committed to supporting its members in their work, connecting them to one another and engaging them in advancing the implementation of an evidence-informed response. IAS members are elected to the Governing Council, which provides sound and transparent governance and oversight of the secretariat, and ensures clarity of mission and achievements. These are the key elements for sustaining the IAS membership, ensuring its active engagement and maintaining effective governance.

In 2013 IAS membership exceeded 16,000 members from over 185 countries.

IAS Member Benefits

IAS member benefits include the opportunity to inform the development of the organization's strategic priorities, programmes and initiatives, as well as:

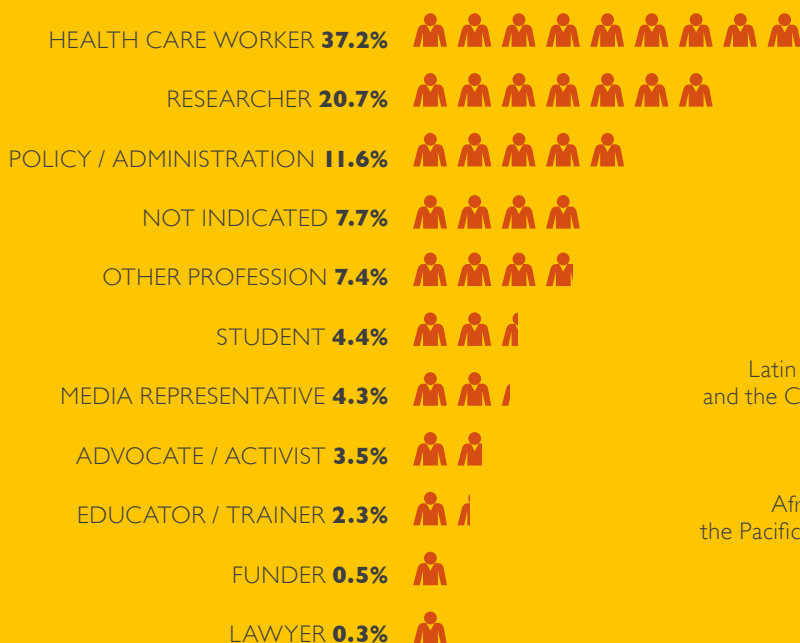
- Access to the Members' Area on the IAS website, where IAS members have the opportunity to search for and contact other members, to find worldwide job vacancies in HIV, to subscribe to AIDS – an official journal of the IAS – with a 30-52% discount, and to download and print their membership certificate and card.
- A 40-80% discount on Health[e]Foundation's online courses.
- A 15% discount on the publication fee for accepted articles in the *Journal of the International AIDS Society (JIAS)*.
- The electronic IAS newsletter and the IAS Member monthly e-Update, including the latest information on upcoming IAS conferences.
- The opportunity to decide who shall govern the IAS by taking part in the IAS Governing Council elections.
- The right to vote at IAS general members' meetings.
- The opportunity to be involved in IAS working groups, IAS strategic planning and IAS members' surveys.
- The opportunity to post upcoming conferences and meetings in the IAS Events Calendar.

2013 Membership Activities

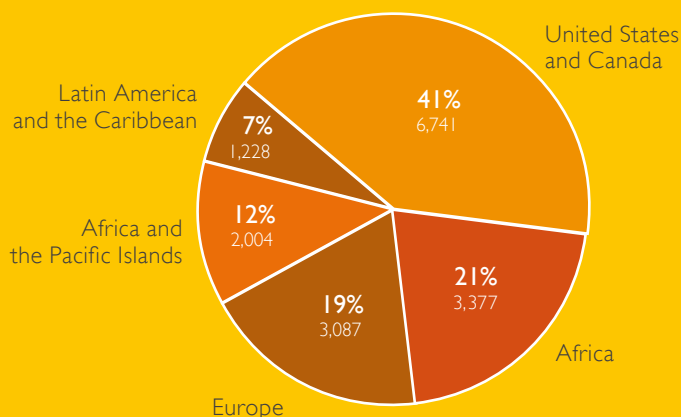
IAS members had opportunities to speak with Governing Council members and Secretariat staff at the annual General Members' Meeting; in the IAS exhibition booth at IAS 2013, and at the following regional conferences:

- United States Conference on AIDS (USCA) 2013, New Orleans, United States, 8–11 September 2013.
- 14th European AIDS Conference (EACS 2013), Brussels, Belgium, 16–19 October 2013.
- 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), Bangkok, Thailand, 17-23 November 2013.
- 17th International Conference on AIDS and STIs in Africa (ICASA 2013), Cape Town, South Africa, 7–11 December 2013.

PERCENTAGE OF IAS MEMBERS



MEMBERSHIP BY REGION (2013)



Governance

The IAS Governing Council includes 25 individuals elected by IAS members from five regions: Africa, Asia and the Pacific Islands, Europe, Latin America and the Caribbean, and United States & Canada. In addition, three members are elected by the council to serve as President, President-Elect and Treasurer.

The Governing Council provides strategic direction for the organization, and acts as a regional communications conduit between the IAS and its membership/members. The Council meets twice a year and communicates regularly between meetings. The Immediate Past President and the Executive Director participate in the Council as ex officio members.

The Executive Committee comprises the President, President-Elect and Treasurer, plus one representative from each region who is elected by their regional council members. The Executive Committee meets three times a year.

2013 Governance Activities

In 2013, the Governing Council met in June, in conjunction with the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur, Malaysia, and also met

at its annual retreat which took place in Paris in December. Meetings with the Executive Committee were held at the 20th Conference on Retroviruses and Opportunistic Infections (CROI 2013) in Atlanta, Georgia, at IAS 2013, and prior to the Governing Council retreat. Other governance-related committees and working groups – including the Finance Subcommittee, the Governance and Membership Subcommittee, and the Membership Working Group – also seized the opportunity to meet during the conferences and the retreat.

The IAS is accountable to its members through the biennial elections of its Governing Council. Members serve four-year terms, with terms staggered to maintain institutional memory. The 2012 IAS Governing Council elections were completed in June 2012, with 10 new members joining the Governing Council and three members being re-elected by the IAS members in their regions. The next election will take place in 2014.

IAS GOVERNING COUNCIL: 2012–2014

Françoise Barré-Sinoussi, France, President
Chris Beyrer, United States, President-Elect
Anton Pozniak, United Kingdom, Treasurer
Elly Katabira, Uganda, Immediate Past President (ex officio)
Bertrand Audoin, Switzerland, Executive Director (ex officio) (until December 2013)

Africa

Linda-Gail Bekker, South Africa
John Idoko, Nigeria
Alex Muganga Muganzi, Uganda (Regional Representative on the Executive Committee)
Faustine Ndugulile, Tanzania
Papa Salif Sow, Senegal

Asia and the Pacific Islands

Roy Chan, Singapore
Andrew Grulich, Australia
Aikichi Iwamoto, Japan
Adeeba Kamarulzaman, Malaysia
Sai Subhasree Raghavan, India (Regional Representative on the Executive Committee)

Europe

Sergii Dvoriak, Ukraine
Jens Lundgren, Denmark
Peter Reiss, the Netherlands (Regional Representative on the Executive Committee)
Jürgen Rockstroh, Germany
Stefano Vella, Italy

Latin America and the Caribbean

Carlos Cáceres, Peru
Celia DC Christie-Samuels, Jamaica
Ricardo Diaz, Brazil
Horacio Salomon, Argentina
Luis Soto-Ramirez, Mexico (Regional Representative on the Executive Committee)

United States and Canada

Judith Auerbach, United States
Joel Gallant, United States
Marina Klein, Canada
Kenneth Mayer, United States
Cheryl Smith, United States (Regional Representative on the Executive Committee)

Our Donors

As an independent, non-profit organization, the IAS relies on a variety of sources to fund its operations and to ensure the financial stability of the organization. Our members and donors are crucial to sustaining IAS activities, programmes and conferences, and we are grateful for their continued support, especially in these challenging times for the world economy.

The IAS's day-to-day operations in 2013 were supported by dues from its global membership and grants in support of core activities.

- The Office of AIDS Research (OAR) of the U.S. National Institutes of Health (NIH); the French National Agency for Research on AIDS and Viral Hepatitis (ANRS); the Canadian Institutes of Health Research (CIHR); and the Pasteur Institute provided ongoing support for the *Towards an HIV Cure* Global Scientific Strategy and the preparation of the IAS's Pre-Conference Symposium "*Towards an HIV Cure*", held immediately prior to the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013).
- The American Foundation for AIDS Research (amfAR) provided support for the IAS Policy and Advocacy priority on Key Affected Populations (KAPs).
- The Ford Foundation provided ongoing support for core activities related to the IAS Policy and Advocacy priority on HIV Professionals and Human Rights, and Key Affected Populations (KAPs).
- The Foundation Open Society Institute (FOSI) supported IAS work in Ukraine on Harm Reduction under its Policy and Advocacy priority on Key Affected Populations (KAPs).
- The M•A•C AIDS Fund provided support for core activities regarding IAS's Policy and Advocacy priority on Treatment as Prevention (TasP).
- The NIH OAR, in cooperation with the Centers for AIDS Research, partnered with the IAS to fund a research grant programme – Creative and Novel Ideas in HIV Research (CNIHR) – to support developmental research projects to bring insight and new ideas from early stage investigators to the HIV/AIDS field of study.
- The National Institute on Drug Abuse (NIDA) at NIH partnered with the IAS to provide support for a research fellowship programme focusing on HIV and drug use, with the goal of contributing to advances in the scientific understanding of drug use and HIV.
- ViiV Healthcare provided ongoing support for the Collaborative Initiative for Paediatric HIV Education and Research (CIPHER).

IAS 2013 Donors

- ANRS, the French National Agency for Research on AIDS and Viral Hepatitis
- Kuala Lumpur Mayor
- Malaysia Convention Exhibition Bureau
- Positive Action
- U.S. National Institutes of Health – National Institute of Allergy and Infectious Diseases (NIAID)
- World Health Organization (WHO)

Major Industry Sponsors

- AbbVie
- Bristol-Myers Squibb
- Gilead
- Merck
- ViiV Healthcare

Corporate Sponsors

- Chevron
- Daktari Diagnostics, Inc.
- Emcure Pharmaceuticals
- Mylan
- Pharmaniaga

IAS-Industry Liaison Forum Grants

- Abbvie
- Boehringer Ingelheim
- Gilead Sciences
- Janssen
- Merck
- Roche
- ViiV Healthcare

Corporate Social Responsibility

The IAS is strongly committed to Corporate Social Responsibility (CSR) and sustainability, and the IAS secretariat is encouraged to work in a socially, environmentally and economically sustainable way.

The CSR working group is always looking for innovative ways to incorporate CSR and environmentally sustainable practices in the IAS secretariat and at IAS conferences.

Based on 'The Four Rs' principle, the conference secretariat takes formal measures to Reduce the environmental impact of the conferences while enhancing the local economy, Reuse conference surplus materials, Recycle conference waste and Raise awareness of CSR efforts while on site.

At IAS 2013, the conference secretariat offered delegates the opportunity to offset their flight carbon emissions by ticking a box on the registration form. Thanks to the generous donations of conference delegates, it was possible to support two projects combining environmental, economic and social benefits in South Africa and Borneo. In addition, all of the excess conference materials (stationery supplies, merchandising items, condoms) were donated to local charities.



Image courtesy of Moving Mountains, one of the projects supported by the IAS 2013 Corporate Social Responsibility Programme ©Moving Mountains

REPORT OF THE AUDITOR TO THE GOVERNING COUNCIL

7TH IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION

Kuala Lumpur, Malaysia, 30 June - 03 July 2013

As auditor, we have been engaged to audit the accompanying statement of income and expenditures of the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention held in Kuala Lumpur on 30 June - 03 July 2013, which comprise of the income statement and the explanatory notes.

Governing Council's Responsibility

The Governing Council is responsible for the preparation of the statement of income and expenditures in accordance with the requirements of Swiss law. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of statement of income and expenditures that are free from material misstatement, whether due to fraud or error. The Governing Council is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on this statement of income and expenditures based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the statement of income and expenditures. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the statement of income and expenditures, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the statement of income and expenditures in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the statement of income and expenditures. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the statement of income and expenditures in relation with the 7th IAS Conference on HIV Pathogenesis, Treatment and Prevention held in Kuala Lumpur on 30 June - 03 July 2013, complies with Swiss law, the association's bylaws and is in accordance with the accounting policies described in note 2 to the financial statements of the International AIDS Society for the year ended 31 December 2013.

KPMG SA



Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge



Henri Mwaniki

Geneva, 3 June 2014

Enclosure:
Statement of income and expenditures (income statement and explanatory notes)

7TH IAS CONFERENCE ON HIV PATHOGENESIS, TREATMENT AND PREVENTION

Kuala Lumpur, Malaysia, 30 June - 03 July 2013

FINAL STATEMENT OF INCOME & EXPENDITURES (Figures are stated in US\$)

NOTES		APPROVED BUDGET	ACTUALS
	INCOME		
2	Sponsors and Donors	2,627,750	2,608,314
	Commercial Sponsorship	764,000	775,747
3	Registration Fees	1,831,000	1,903,821
4	Other Revenues	80,000	81,048
	TOTAL INCOME	5,302,750	5,368,930
	EXPENDITURES		
5	Logistics	1,137,600	1,128,172
	Commercial Sponsorship	133,000	132,820
6	Scholarships	319,500	315,093
	Programme	536,000	530,891
	Audio Visual	210,000	200,333
7	IAS Conference Secretariat	1,312,000	1,397,078
	IT	507,000	474,481
	Communications	450,500	448,088
	Evaluation + Quality Assessment	23,000	13,430
	Fundraising	238,000	261,219
8	Revolving Fund	0	0
9	Governance	94,000	88,156
	Audit / Finance	213,000	230,729
10	Various Financial Costs	253,000	168,128
11	Start-Up Costs	74,000	73,400
	Other Local Costs	156,000	161,533
	TOTAL EXPENDITURES	5,656,600	5,623,551
	SUBTOTAL SURPLUS / (DEFICIT)	-353,850	-254,621

EXPLANATORY NOTES TO THE FINAL STATEMENT OF INCOME AND EXPENDITURES

1. Basis of preparation

The statement of income and expenditure was prepared in accordance with the accounting policies specified in the notes of the International AIDS Society in Geneva.

The statement of income is based on the actual information available as of 31 March, 2014.

The "approved budget" figures in the left column reflects the last budget accepted by the IAS Governing Council on December 6, 2013.

2. Sponsorship

Sponsorship includes all sponsors and donors. Major sponsors for IAS 2013 included:

Donors

- ANRS, the French National Agency for Research on AIDS and Viral Hepatitis
- Kuala Lumpur Mayor
- Malaysia Convention Exhibition Bureau
- U. S. National Institutes of Health – National Institute of Allergy and Infectious Diseases (NIAID)
- World Health Organization (WHO)

Major Industry Sponsors

- AbbVie
- Bristol-Myers Squibb
- Gilead
- Merck
- ViiV Healthcare

Corporate Sponsors

- Chevron
- Emcure Pharmaceuticals
- Daktari Diagnostics
- Mylan Laboratories Limited

A full list can be obtained from the conference secretariat.

3. Registration fees

The income from registration fees is based on the total number of paid registrations of 3,164 (Rome: 5,379) less the voluntary delegate contributions mentioned hereunder:

Paid Rewgistration:	Kuala Lumpur	Rome
Fully paying registrations:		
- OECD country delegates	1,547	3,253
- Non-OECD country delegates	1,301	2,848
Students	230	404
Exhibitors	19	26
Accompanying persons and children	67	160
Total fully paying registrations:	3,164	5,379
Non-paid registrations:		
Media	184	337
Free registrations (including scholarship recipients, volunteers and staff)	1,819	2,264
Voluntary delegate contributions to:	- Membership "IAS"	169,950

4. Other revenues

Other sources of revenue include hotel commission.

5. Logistics

The main expenditures incurred for the Logistics are as follows:

	\$ 1,128,172
Facilities (rent, signage, security and set up of venue)	576,114
On Site and Logistic Personnel (staff, hostesses and volunteers)	294,763
Fees to PCO (Congrex, CH) for:	
<i>project management, registration and exhibition handling</i>	153,069
Printed material (Invitation, Final Prog., Abstract Book, etc)	43,945
Bags and Badges	16,188
Travel, logistic staff	36,850
Refreshment, technical, postage, etc	7,243

6. Scholarships

These figures include scholarships recipients and speakers as per the main details bringing 118 delegates and 61 speakers to conference mainly from developing countries:

	\$315,093
Travel	123,638
Accommodation & per diem	30,435
Registration fees	51,990
Handling	100,523
Other	8,507

7. IAS Conference Secretariat (Geneva)

	\$1,397,078
Staff	800,646
Office costs	385,139
Travel	191,034
Legal services	8,047
Consulting fees	12,212

8. Revolving Fund

\$ -

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations. IAS 2015 realized a loss of US\$254,621, therefore no money was allocated to the reserve.

9. Governance

This cost includes committee meetings and travel expenses for the elected committee members.

10. Various Financial Costs

The various financial costs include:	\$168,128
Foreign exchange (Gain) / Loss	887
Bank & credit cards fees	39,343
VAT & tax	64,908
Insurances	55,925
Carbon emission offset	7,065

11. Start-up Costs

These costs include all expenses associated with initial negotiations and pre-planning meetings with the local host and co-organizers, initial promotion and marketing expenses, and all travel and other expenses incurred until the official conference organizing committee meeting, where the first budget was accepted.

REPORT OF THE AUDITOR TO THE GOVERNING COUNCIL ON THE FINANCIAL STATEMENTS OF INTERNATIONAL AIDS SOCIETY, GENEVA

As auditor, we have been engaged to audit the accompanying financial statements of International AIDS Society, which comprise the balance sheet, income statement and notes for the year ended 31 December 2013.

Governing Council's Responsibility

The Governing Council is responsible for the preparation of the financial statements in accordance with the requirements of Swiss law. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Governing Council is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements for the year ended 31 December 2013 comply with Swiss law, the association's bylaws and are in accordance with the accounting policies described in note 2 of these financial statements.

KPMG SA



Pierre Henri Pingeon
Licensed Audit Expert
Auditor in Charge



Henri Mwaniki

Geneva, 3 June 2014

Enclosure:

Summarized financial statements and notes.

The complete audited financial statements can be obtained from the Secretariat.

FINANCIAL REPORT 2013

BALANCE SHEET AS OF DECEMBER 31 (Figures are stated in US\$)

	NOTES	2013	2012
CURRENT ASSETS			
Cash & Cash Equivalents	4	8,677,020	12,236,350
Cash – Leadership		54,135	54,135
Accounts Receivable	5	753,445	763,857
Prepaid Expenses	6	9,953	21,674
		9,494,553	13,076,016
NON-CURRENT ASSETS			
Guarantee	7	-	102,228
Equipment		50,035	88,984
TOTAL ASSETS		9,544,588	13,267,228
CURRENT LIABILITIES			
Accounts Payable	8	467,939	780,497
Fund ANRS		17,736	14,935
Accrued Expenses	9	899,103	1,382,448
Deferred Income	10	1,345,072	777,706
NON-CURRENT LIABILITIES			
Provision	11	28,000	27,250
TOTAL LIABILITIES		2,757,849	2,982,836
FUNDS & RESERVES			
Restricted Funds			
Leadership Fund	12	54,135	54,135
Scholarship Reserve		487,037	484,161
IAS 2013		-	-479,429
AIDS 2014		-1,865,632	-203,094
IAS 2015/AIDS 2016		-168,095	-22,564
ILF		300,340	310,317
JIAS		72,873	89,540
CNIHR		33,099	44,219
NIDA		75,000	184,985
CIPHER		1,322,117	1,507,741
HIV CURE		-	244,047
SPS		-	8,192
TasP		-	41,358
IAC Revolving Fund	13	2,471,000	3,763,000
IAS Conference Institutional Memory & Admin RF	14	1,949,076	-
		4,730,950	6,026,608
Unrestricted & IAS Designated Funds			
IAS Conference Revolving Fund	15	728,303	1,479,000
General IAS Reserve for AIDS 2014	16	1,000,000	1,000,000
General IAS Reserve for AIDS 2012 Follow up	16	-	300,000
IAS 2011 Conference Surplus	17	-	103,577
AIDS 2012 Conference Surplus	17	146,489	292,977
General IAS Reserve	18	180,999	1,082,230
		2,055,790	4,257,784
TOTAL FUNDS & RESERVES		6,786,740	10,284,392
TOTAL LIABILITIES, FUNDS & RESERVES		9,544,588	13,267,228

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED DECEMBER 31

(Figures are stated in US\$)

		UNRESTRICTED		RESTRICTED		TOTAL	
	NOTES	2013	2012	2013	2012	2013	2012
FUND BALANCE AT JANUARY 1		4,257,784	2,781,803	6,026,608	641,947	10,284,392	3,423,750
Revenues							
Conferences Income		28,411	-	2,875,549	13,471,071	2,903,960	13,471,071
Membership dues	10	496,136	522,808	-	-	496,136	522,808
Sponsors		-	-	2,675,896	3,817,373	2,675,896	3,817,373
Donors		-	300,000	4,228,024	10,575,006	4,228,024	10,875,006
Project management fees		-	42,214	-	-	-	42,214
Others	19	544,617	116,209	178,499	882,441	723,116	998,650
TOTAL REVENUES		1,069,164	981,231	9,957,968	28,745,891	11,027,132	29,727,122
EXPENSES							
IAS Staff Salaries & Benefits		948,683	161,484	5,882,964	6,515,916	6,831,647	6,677,400
Legal fees		13,102	1,200	40,965	63,895	54,067	65,095
Consulting & Audit fees		328,982	181,886	1,501,178	6,162,996	1,830,160	6,344,882
Office Expenses		67,296	35,174	767,933	1,254,734	835,229	1,289,908
Travel Expenses		226,662	76,327	1,799,956	3,593,471	2,026,618	3,669,798
Governance Retreat, Strategic and Expenditure		182,962	168,617	61,156	132,466	244,118	301,083
Direct Expenses	20	-	18,536	1,238,181	2,987,199	1,238,181	3,005,735
Other Expenses		25,208	208,799	111,357	332,608	136,565	541,407
Subgrant		3,000	-	1,198,095	435,750	1,201,095	435,750
Amortization of Capital Expenses		6,056	8,055	54,513	72,498	60,569	80,553
Exchange Loss / -Gain		-16,476	-21,142	83,012	123,011	66,536	101,869
TOTAL EXPENSES		1,785,475	838,936	12,739,310	21,674,544	14,524,785	22,513,480
GROSS SURPLUS (-DEFICIT)		-716,311	142,295	-2,781,342	7,071,347	-3,497,653	7,213,642
Transfer to Unrestricted & Designated Funds		-443,987	-143,291	443,987	143,291	-	-
- Revolving Fund		-311,697	-	311,697	-	-	-
- Correction prior year		-	-116,000	-	-237,000	-	-353,000
- AIDS 2014 Reserves		-	1,000,000	-	-1,000,000	-	-
-AIDS 2012 Follow up		-130,000	300,000	130,000	-300,000	-	-
- Conference Surplus		-	292,977	-	-292,977	-	-
- Funds Transfer		-600,000	-	600,000	-	-	-
RESULT AFTER TRANSFERS		-2,201,995	1,475,981	-1,295,658	5,384,661	-3,497,653	6,860,642
FUND BALANCE AT DECEMBER 31		2,055,790	4,257,784	4,730,950	6,026,608	6,786,740	10,284,392

NOTES TO THE FINANCIAL STATEMENTS

1. Organisation

International AIDS Society (the Society) was founded in 1988 and transferred from Stockholm, Sweden to Geneva, Switzerland in June 2004.

With its headquarters in Geneva, and fifty staff members (2012: fifty), the Society is recognized under Swiss law as an international, non-governmental, non-profit organization. The Society is exempt from Swiss corporate taxation.

2. Accounting Policies

The significant accounting policies are set out below:

a) Basis of Preparation and Statement of Compliance

The financial statements of the Society have been prepared on a basis consistent with its statutes and that complies with Swiss law and the accounting regulations of the Society. The Society's accounting policies and the format used for the presentation of its financial statements are designed to present accurately the conferences, programmes, and other activities of the Society.

The financial statements are presented in US Dollars (rounded to the nearest dollar), as the majority of the Society's activities are conducted in this currency.

b) Recognition of Income

Conference income, project management fees, sponsors and other restricted income are recognized when paid.

Unrestricted revenue from donors is recognized over the contract period.

Membership income is recognized in the period to which it relates. Membership income for future periods, which is received in advance, is deferred in the balance sheet.

c) Recognition of Expenditure

Payments to third parties are recognized when the commitment to pay has been made before the end of the year and the payment relates to the current year, and when there is either a legal or a constructive obligation to pay.

d) Foreign Currency

Transactions in currencies other than US Dollars are converted into US Dollars at rates that approximate the actual rates at the transaction date. Realized and unrealized exchange differences are reported in the income and expenditure account.

e) Equipment

Purchases of equipment are capitalized and then depreciated on a straight-line basis over 3 years.

3. Correction of prior year

In the 2011 financial statements the total VAT expense was understated. The impact of this correction was recorded in 2012 as a reduction of the IAC Revolving Fund of US\$237,000, a reduction of the IAS Conference Revolving Fund of \$116,000 and \$150,000 taken from the unrestricted P&L. Final results of a 2007-2011 VAT audit by the Swiss Federal Tax authorities enabled to release US\$ 229,000 and to reallocate it to related reserves (see notes 13. / 15. / 18.)

4. Cash and Cash equivalents

		2013	2012
	US\$	8,677,020	12,236,350
Petty Cash	US\$	10,867	11,276
Bank accounts - current accounts	US\$	3,562,976	9,366,674
deposits	US\$	5,103,177	2,858,400

5. Accounts Receivable

	US\$	753,445	763,857
Conference:			
Various Sponsors & Donors	US \$	306,702	689,167
Programmes:			
Various Sponsors & Donors	US\$	351,073	-
Swiss VAT	US\$	34,643	30,615
Withholding tax	US\$	1,985	1,070
Other	US\$	59,042	43,005

6. Prepaid Expenses

	US\$	9,953	21,674
Other Prepaid	US\$	9,953	21,674

7. Guarantee

The guarantee was representing a deposit surety for the office rental blocked for S.I. Quadrilatère, now released.

8. Accounts Payable

	US\$	467,939	780,497
Payable - Partnerships	US\$	-	200,000
Payable - KL	US\$	46,322	-
Payable - DC	US\$	6,425	315,777
Payable - Rome	US\$	5,364	18,873
Payable - Vienna	US\$	-	12,937
Other various payable	US\$	409,828	232,911

9. Accrued Expenses

	US\$	899,103	1,382,448
CH VAT	US\$	73,587	654,429
AU VAT	US\$	121,314	-
US VAT	US\$	23,022	23,022
Social Expenses	US\$	482,243	445,189
Accrued Conferences expenses	US\$	166,957	207,508
Other accrued expenses	US\$	31,980	52,300

10. Deferred Income

Current Deferred Income includes membership income US\$485,777 (2012: 777,706), the Tides Fondation (US\$ 44,295) and ViiV Healthcare (US\$ 815,000) received for the next years

	US\$	1,345,072	777,706
<i>Detail for deferred membership income</i>			
Deferred income beginning period	US\$	777,706	529,190
Income received during the year	US\$	1,063,502	771,324
Income deferred to future periods	US\$	(1,345,072)	(777,706)
Recognized as revenue during the year	US\$	496,136	522,808

11. Provision

Provision for office restoration at end of lease term	US\$	2013 28,000	2012 27,250
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12. Restricted Funds

All figures are in relation to funds received and reserved for specific programmes or projects. Concerning future Conferences, the negative amounts of US\$1,865,632 (AIDS 2014) and US\$168,095 (Conferences 2015-2016) reflects expenditures that have yet to be covered by the income from the future conferences. The AIDS 2014 budget currently shows a deficit of \$280,000 (approved by the EC in March 2014), which is acceptable at this point. Note that the budget is including a revolving fund of USD 1,000,000 that will be reduced to balance the budget if the deficit can not be filled in some other way.

13. IAC Revolving Fund

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations.

	US\$	2,471,000	3,763,000
Revolving Fund after AIDS2012			4,000,000
Release 2013 / Reduction 2012 (see note 3)		108,000	(237,000)
Transfer to IAS Conference Institut'l			
Memory Revolving Fund (note 14)		(1,400,000)	-

14. IAS Conference Institutional Memory and Administration Revolving Fund

In June 2013, the IAS governing Council has decided to create a third fund (target US\$2M) to support the Secretariat that will jointly serve the two conferences in the event of a cancelled or postponed or one with a reduced number of paid registrations.

	US\$	1,949,076	-
Transfer from IAC Revolving Fund		1,400,000	-
Transfer from IAS Conference Revolving Fund		600,000	-
IAS 2015 Conference Deficit		(50,924)	-

15. IAS Conference Revolving Fund

In accordance with the distribution policy regarding surplus/deficit at the IAS Conference, the IAS Governing Council has decided to set aside funds for future costs in the event of a cancelled or postponed conference or one with a reduced number of paid registrations.

	US\$	728,303	1,479,000
Revolving Fund after IAS2011			1,595,000
Release 2013 / Reduction 2012 (see note 3)		53,000	(116,000)
Transfer to IAS Conference Institut'l			
Memory Revolving Fund (note 14)		(600,000)	-
IAS 2015 Conference Deficit		(203,697)	-

16. General IAS Reserve for future Conferences & AIDS2012 Follow up

As approved by the EC in March 2013, the surplus generated by the AIDS2012 conference will be allocated as follows

	US\$	2013 1,000,000	2012 1,300,000
AIDS 2014 Support to Global Village, International Scholarship Fund	US\$	200,000	200,000
AIDS 2014 Support to maintain lower fee level for I&mi countries	US\$	300,000	300,000
AIDS 2014 Revolving Fund	US\$	500,000	500,000
AIDS2012 follow up by IAS in 2013	US\$	-	200,000
AIDS Pioneers project	US\$	-	100,000

17. Conferences Surplus

	US\$	146,489	396,554
The IAS2011 Conference Surplus supported the Core expenses in 2012 & 2013		-	103,577
The AIDS2012 Conference Surplus supports the Core expenses over the next 2 years		146,489	292,977

18. General Reserve

	US\$	180,999	1,082,230
Balance at the end of 2011			1,079,648
IAS Core activities Surplus / (Deficit)	US\$	(1,042,381)	2,582
VAT release (note 3.)	US\$	68,000	-
AIDS Pioneers Project Balance (see note 16.)	US\$	73,150	-

19. Revenues – IAS others

	US\$	544,617	116,209
Interest on deposits and current banks accounts	US\$	10,122	9,941
Other	US\$	534,495	106,268

20. Direct expenses

	US\$	1,238,181	3,005,735
Logistics & Exhibition (rental of venues, signage, build up...)	US\$	690,010	1,106,642
Scholarships (registrations, per diem...)	US\$	51,990	444,645
Local office expenses (Melbourne staff, office costs...)	US\$	69,612	473,826
Programme & Programme activities (meeting costs, Melbourne staff)	US\$	62,941	438,839
Conference secretariat	US\$	30,447	13,204
I/T operations	US\$	1,077	310
Communications (Media Center, printing...)	US\$	36,269	117,907
Audio Visual	US\$	151,912	12,500
Various financial costs	US\$	62,021	7,130
Start up & Other costs	US\$	81,902	390,731

21. Credit Agreement

EUR 200,000 is under the guarantee of UBS AG and represents the sum of VAT claimed to our fiscal representative in Italy by the Italian VAT authorities. This guarantee is valid until 30 November 2015.

CHF 111,125 is under the guarantee of UBS AG represents a deposit surety for the office rental blocked for the Fondation Des Immeubles pour les Organisations Internationales (FIPOI).



Françoise Barré-Sinoussi, IAS President and IAS 2013 International Chair, at the IAS 2013 Closing Session.
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