

amfAR Launches Cure Consortium

IS A CURE FOR HIV POSSIBLE? AND HOW DO WE GET THERE FROM HERE?

**a cure for
aids is
impossible.
without research.**

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Placing the search for a cure for HIV/AIDS firmly at the center of its research efforts, amfAR has launched the Research Consortium for HIV Eradication (ARCHE), a new grant program supporting collaborative teams of biomedical researchers exploring the barriers to and potential for eradicating HIV infection.

With first-round funding of more than \$1 million, ARCHE will support investigations in three broad research areas that are widely considered central to HIV eradication:

- The search for a **sterilizing cure** that would eliminate all HIV from the body;
- The search for a **functional cure** that would achieve permanent viral suppression without therapy; and
- The **characterization of viral reservoirs**, which would clarify how and where HIV remains dormant, beyond the reach of anti-HIV drugs but poised to grow at any moment. Achieving either a sterilizing or a functional cure requires understanding how HIV survives in dormancy and what can be done to address this.

This amfAR public service ad first appeared in 2001, evidence of the Foundation's longstanding commitment to finding a cure for HIV/AIDS.

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A Matter of Life and Death

HOMOPHOBIA THREATENS HIV/AIDS WORK IN AFRICA

In February, peer educators at an HIV clinic in Kenya that serves men who have sex with men (MSM) were savagely beaten by an anti-gay mob that doused some of the men with kerosene and tried to set them on fire. In Malawi, a leader of a grassroots group working to stop HIV/AIDS among MSM went to his local police station to file a report after a break-in at his office—and was arrested for distributing HIV prevention materials the police deemed “pornographic.” And in Uganda, the country’s legislature is seriously considering anti-gay laws that would make consensual sex among HIV-positive adults punishable by death.

Homophobia, of course, is present in every country. But a wave of homophobic rhetoric and violence in some African countries is undermining efforts to combat high rates of HIV/AIDS among MSM. Human rights activists, AIDS advocates, and grassroots MSM organizations—including a number of groups funded by amfAR’s MSM Initiative—say that the progress that had been made over the past



Peter Njane (right) and his colleague Solomon Wambua are among those working to raise awareness of HIV/AIDS among Kenya’s MSM. (Photo: Kelli Anderson)

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Charting a Path to a Cure



For years, many in the AIDS community have not dared to utter the word “cure.” The scientific obstacles to HIV eradication consigned it to the realm of fantasy.

At amfAR, we understand that scientific risk-taking

can yield extraordinary results, and we have never given up our commitment to finding a cure. Recent scientific advances have only reinforced that commitment. Now, with the launch of the amfAR Research Consortium for HIV Eradication (ARCHE) (see page 1), we have established a collaborative research initiative aimed directly at the eradication of HIV.

Treatment alone cannot end this epidemic. For every person placed on treatment, two to three are newly infected with HIV. In 2008 alone, 2.7 million were newly infected, and only 42 percent of those who needed treatment in low- to middle-income countries received it. While anti-HIV drugs suppress the virus, they cannot eliminate it, which means that antiretroviral therapy is a lifelong commitment. A cure, if

possible, would be a game changer that would radically redefine our fight against HIV/AIDS.

With the right investments now, we can bring this epidemic to an end in our lifetime.

From the start, amfAR’s mission has been to eradicate the global AIDS epidemic through innovative research. As a leader in cure-focused research for many years, we strongly believe that with the right investments now, we can bring this epidemic to an end in our lifetime. It’s going to take resources and we’ll need to take some risks along the way. But we’ve been fighting skeptics and taking risks for almost 30 years. We won’t stop now. ARCHE, we hope, will bring us one step closer to the end of AIDS.

Kevin Robert Frost
Chief Executive Officer

INNOVATIONS

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for its generous support of
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Syringe Exchange and Immigration Ban Victories!

amfAR FOUGHT RESTRICTIONS FOR TWO DECADES

amfAR and its fellow AIDS advocates celebrated two major victories this past winter with the successful passage in December of legislation allowing local governments and agencies to use federal funds for syringe exchange programs, followed by the official removal on January 4 of the longstanding U.S. ban on HIV-positive foreign visitors and immigrants.

“For more than two decades, amfAR has been at the forefront of advocacy efforts to expand funding for syringe exchange and to remove the U.S. government’s ban on HIV-positive visitors,” said

amfAR CEO Kevin Robert Frost. Syringe exchange programs have contributed to an 80 percent reduction in the number of new HIV infections among injection drug users.

An immediate consequence of the immigration ban’s removal was an announcement by the International AIDS Society that the 2012 International AIDS Conference would be held in Washington, D.C.; the global conference had not been held in the U.S. since the travel ban was instituted. ■

The Other Health Care Debate: Global AIDS and Global Health

By Chris Collins

Domestic health reform appears every day in the headlines, but a parallel debate about global health is just as heated and could lead to fundamental changes in America's approach to international health and development.

Some prominent voices assert that the global AIDS epidemic has received too large a share of attention. In an era of limited resources, the argument goes, it is time to "rebalance" funding toward other health priorities. AIDS advocates strenuously object, pointing to significant successes in AIDS programming and the growing need to deliver lifesaving AIDS treatment and prevention services.

Some assert that the global AIDS epidemic has received too large a share of attention.

We should not be deciding which diseases to treat and which to shortchange. The real question is how to advance global health most effectively. And part of the answer may lie in President Obama's proposed Global Health Initiative, which is designed to broaden and better integrate America's international health efforts. Unless Congress sees beyond the rhetoric that pits disease against disease and commits significantly increased resources to global health overall, the President's broader vision will be undermined.

The President's Emergency Plan for AIDS Relief (PEPFAR) has averted 1.2 million deaths in Africa. Programs supported by PEPFAR have protected nearly 340,000 babies from being born with HIV. And a recently released report suggests that, with sufficient investment, we could virtually eliminate mother-to-child transmission of HIV within five years. That is an opportunity we cannot afford to squander.

We should not be deciding which diseases to treat and which to shortchange. The real question is how to advance global health most effectively.

But there are those who say we can't afford to sustain increased investments in fighting AIDS—no matter how successful they have been—and that funds should be shifted to cheaper interventions and overall health systems. What this argument misses is that creating sustainable health systems that serve whole communities requires a range of interventions, some at very low cost, like childhood vaccines, and others at higher cost, like AIDS treatment.

Anyone at the front lines of the AIDS response knows that diseases do not exist in



With sufficient investment, we could virtually eliminate mother-to-child transmission of HIV within five years. (Photo: Jenny King/Dreamtime.com)

isolation. One analysis of global health data finds that AIDS and other chronic diseases are creating a "vicious cycle of illness and poverty," so addressing these diseases is crucial to making progress on other health goals, including children's health. What is needed is increased investment in what works across multiple health areas. ■

Chris Collins is amfAR's vice president and director of public policy. This piece is excerpted from a column published in the Huffington Post on March 15.

Shining a Light on Rights



An international "Light for Rights" campaign launched on World AIDS Day, December 1, 2009, calls on the world to "keep the light on HIV and human rights." To mark the occasion, UN Secretary-General Ban Ki-moon and amfAR Chairman Kenneth Cole extinguished—and then reignited—the lights of New York's Washington Square Memorial Arch. Similar events took place around the world. (Photo credit: Eugene Glogorsky/WireImage)

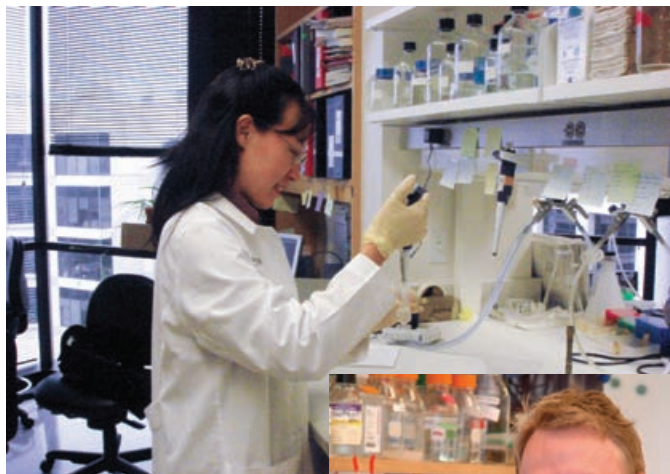
Krim Fellows Take Aim at Treatment Resistance and New Drug Targets

Three young scientists have received awards in the third round of the Mathilde Krim Fellowships in Basic Biomedical Research. The fellowships, announced January 6, 2010, were awarded to researchers in New York City and Dallas who are investigating the intricate interweaving of HIV with its host cells.

“These Mathilde Krim Fellows will give us new understanding of the delicate dance between HIV and the human body,” said Rowena Johnston, Ph.D., amfAR’s vice president and director of research. “Understanding these interactions between the virus and the cell may hold the key to the development of drug treatments that are both more effective and less prone to resistance.”

Named in honor of amfAR’s founding chairman, Dr. Mathilde Krim, the Krim Fellowship program supports bright young scientists seeking innovative solutions to HIV/AIDS. The three recipients from this round are Reem Berro, Ph.D., of Weill Medical College in New York City; Xiuhua Dong, M.D., Ph.D., of the University of Texas Southwestern Medical Center at Dallas; and Thomas Gramberg, Ph.D., NYU School of Medicine, New York City. ■

New Krim Fellows (clockwise from top): Xiuhua Dong, M.D., Ph.D.; Thomas Gramberg, Ph.D.; and Reem Berro, Ph.D.



Cure Consortium CONTINUED FROM PAGE 1

“In the past, scientists have regarded talk of AIDS cures with suspicion,” said Dr. Rowena Johnston, amfAR’s vice president and director of research. “But amfAR has never stopped supporting cutting-edge research into a cure—this is an area in which we have been a leader for many years. Now, in part because of findings generated with amfAR funding, the climate is beginning to change in AIDS research in terms of what is considered achievable.”

amfAR’s commitment to a cure for HIV/AIDS was echoed recently by Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, which is responsible for the lion’s share of U.S. government AIDS research funding. Describing research towards a cure as “high risk but very high impact,” Dr. Fauci continued: “I feel strongly that this is a direction we should go, even though years ago this would have been unimaginable.”

The ARCHE initiative departs from the Foundation’s traditional approach to funding research in several significant

ways. Rather than supporting scientists working independently, the consortium will support collaborations involving at least two interrelated research projects conducted by at least two independent, faculty-level researchers.

“ amfAR has never stopped supporting cutting-edge research into a cure. ”

Grantees in each of the three major areas of investigation will also gather regularly to discuss their research with other teams. Recognizing the long-term commitment required for these complex investigations, amfAR has also designated ARCHE grants to be potentially renewable in subsequent years. ■

Reducing HIV Growth to Zero

By Rowena Johnston, Ph.D., and Jeffrey Laurence, M.D.

Since three-drug highly active antiretroviral therapy (HAART) became available in the mid-1990s, scientists have been debating whether intensifying anti-HIV treatment might be able to slow virus growth rates even further than HAART, or even eradicate the virus in infected patients. Although the debate remains far from settled, new data from a group of scientists, including amfAR-funded researcher Dr. Sarah Palmer, are thought provoking.

In a research article published online in *Nature Medicine*, Dr. Palmer, of the Swedish Institute for Infectious Disease Control, Dr. Mario Stevenson, chair of amfAR's Scientific Advisory Committee, and a group of scientists from Spain studied patients whose virus levels were already well controlled on standard HAART. Although these patients had virus levels deemed "undetectable" by standard medical tests, more sensitive laboratory assays revealed each patient had extremely low but measurable amounts of virus in their blood. The researchers set out to determine whether adding one more drug to the treatment regimen—a recent addition to the treatment arsenal called raltegravir—would lower even further the ability of the virus to grow.

Measuring changes in growth rates in extremely low levels of virus is a considerable challenge. To do this, the researchers took advantage of the way in which raltegravir slows virus growth: the drug does not prevent the virus from entering a cell or from converting its genetic material into DNA, but it does prevent the virus's DNA from being integrated into the patient's DNA. They reasoned that if low-level viral growth was ongoing before the addition of raltegravir, then adding that drug would result in an accumulation of viral DNA inside infected cells, because the viral DNA would be unable to move on to the next step in the lifecycle, namely integrating into the cell's DNA. Left out in the cold, this viral DNA assembles into 2-LTR circles, which Palmer and colleagues could find and measure utilizing a special test.

And find circles they did. Among 45 people who received raltegravir in addition to their standard drug regimen, 29 percent had an increase in 2-LTR circles inside infected cells. This suggests that although the patients' virus levels had previously been extremely low, there may have been ongoing viral growth that was susceptible to further tamping down with raltegravir.



Sarah Palmer, Ph.D.

The fact that 71 percent of the subjects in this study did not show evidence of 2-LTR DNA when given raltegravir is good news. Most HIV positive individuals on HAART truly do not have active virus needing further attack. But these researchers suggest that for the one-third or so of patients who appear to have ongoing virus growth despite low levels of virus, intensifying treatment by adding raltegravir could be key to impeding the ability of the virus to grow and thereby maintain the viral reservoirs that stand in the way of HIV eradication. ■

Dr. Johnston is amfAR's vice president and director of research and Dr. Laurence is senior scientific consultant.

The Search for a Cure: An Enduring Commitment

The new amfAR Research Consortium for HIV Eradication (ARCHE) (see page 1) is the Foundation's latest effort in a long history of support for research towards finding a cure for HIV/AIDS. Since as early as 2002, amfAR has invested more than \$4.6 million in a diverse portfolio of more than 40 cure-focused projects. Areas of study include:

- **Characterizing viral reservoirs and latency**—Understanding HIV dormancy, whereby the virus lies latent beyond the reach of anti-HIV drugs, is considered to be a crucial first step toward a cure. How and where do HIV reservoirs survive?
- **Potential and limitations of antiretroviral therapy**—Can currently available therapy reduce levels of virus to bring a cure within reach? Do different classes of drugs exert beneficial effects beyond lowering viral load?
- **Acute infection**—How do the first days or weeks of infection determine the disease course and the establishment of viral reservoirs that prevent our ability to cure infection?
- **Clinical cohorts**—What can we learn from those rare patients who are able to keep their HIV at low levels without using antiretroviral therapy?
- **Immune activation**—What is the role of immune activation in HIV disease and in maintaining viral reservoirs?
- **Gene therapy**—Can findings in this newly emerging field be applied to curing HIV infection?
- **Sanctuary sites**—Are there regions of the body that are particularly adept at harboring HIV beyond the reach of the immune system or antiretroviral therapy?
- **Animal models**—What can we learn from viral infections in other animals about the nature of HIV persistence in humans? ■

Cancer and HIV: TREAT Asia Launches New Studies

Limited data currently exist on cancer among HIV-positive patients in Asia. To improve their care and survival, researchers need a better understanding of the impact of antiretroviral therapy on cancer and the relationship between cancer and long-term immunosuppression.

amfAR's TREAT Asia program launched a series of cancer studies beginning in 2008, funded by the U.S. National Institutes of Health. Components of this research plan include:

- Retrospective and prospective studies of cancer diagnoses in the TREAT Asia HIV Observational Database;
- Linkages between national cancer and HIV registries in Taiwan;
- Anal cancer screening and treatment among men who have sex with men (MSM) in Thailand (*see story opposite*);
- Think tank on pediatric cancers in HIV-positive children; and
- Symposium on cancer and HIV in Asia and the Pacific.

Cancer Rates Surge Among HIV-Positive Men

amfAR PROGRAMS SUPPORT INNOVATIVE STUDIES AT THAI MSM CLINIC

Among HIV-positive men who have sex with men (MSM), the risk of anal cancer associated with human papillomavirus (HPV) is twice the level of those who are HIV negative. Unlike many cancers, anal cancer is potentially preventable, but many MSM are unaware of their risk and do not know to seek Pap smear screening.

In Asia, where very little research has been done on this issue, anal cancer among HIV-positive MSM has been largely overlooked and untreated. That has now begun to change, thanks to treatment and research activities supported by two amfAR programs—the MSM Initiative and TREAT Asia.

In 2008, the Thai Red Cross AIDS Research Center in Bangkok—a TREAT Asia Network site—established an MSM sexual health clinic providing services such as screening and treatment for sexually

transmitted infections and anal Pap smear testing. Funding from amfAR's MSM Initiative allowed investigators to offer free Pap smears and facilitated the purchase of a high-resolution anoscope to better evaluate abnormal Pap smears.

Analyzing the results of their testing, researchers found that a high percentage of MSM had abnormal results—and at a much younger age than in the U.S. In addition, HIV-positive MSM showed significantly higher rates of precancerous lesions than those without HIV (18 percent versus five percent).

These findings led investigators to propose additional research to better characterize the problem of precancerous lesions and HPV infection. At this stage they turned to TREAT Asia. “Recognizing this as an emerging issue for HIV-positive MSM in Asia,” said TREAT Asia director

When Children Grow Up With HIV

amfAR'S TREAT ASIA NETWORK TACKLES HIV AMONG TEENS

More than 150,000 children are living with HIV in the Asia-Pacific region, and almost all have had the virus since infancy. With access to antiretroviral therapy (ART) and social support, these children can lead healthy and productive lives. But the infrastructure developed to care for them was created for young children—and for a growing population of HIV-positive adolescents, it is proving to be increasingly inadequate.

Members of TREAT Asia's pediatric network—which includes clinical sites in Cambodia, India, Indonesia, Malaysia, Thailand, and Vietnam—are experiencing this generational change firsthand. One-third of the children represented in the TREAT Asia Pediatric HIV Observational Database are now older than 12 years.

Recognizing the rapidly changing nature of pediatric HIV in Asia, in January TREAT Asia held its first adolescent HIV working group meeting. “More of the children under care in our network

are becoming teenagers,” noted Dr. Thanyawee Puthanakit of Chulalongkorn University and HIV-NAT, Thailand. “It is time for us to grow up with our children and take the next step by focusing on adolescents.”

The meeting was the network's first opportunity to identify and prioritize research questions that will help clinicians and families better anticipate the psychosocial and medical needs of adolescents with HIV. Research interests include behavioral risks (e.g., drug use, sex), sexual health, metabolic complications of long-term ART, HIV drug resistance, and salvage therapy.

The complexities of working with adolescents are immense and will require novel, culturally sensitive approaches. Having access to informed treatment and care calibrated to the needs of adolescents could make the path to adulthood far less challenging. ■

Boys walk together in the countryside outside Hoa Binh, Vietnam.



Brochures created by the MSM sexual health clinic at the Thai Red Cross AIDS Research Center. (Photo: Thai Red Cross)

Annette Sohn, M.D., “we were able to help obtain funding for the next phase of their research through the U.S. National Institutes of Health.”

This new support sponsored studies of the clinical epidemiology of anal cancers among MSM and of related biomarkers that could help identify MSM with persistent HPV infection and disease progression. “This is an innovative study for the region, and clearly necessary in light of Asia’s MSM-driven epidemic,” said Dr. Sohn. “These researchers are taking the science to a higher level that will teach us how to manage patients more comprehensively.” ■



Haitian Earthquake Results in Grave Losses for MSM Initiative Grantee

Among the thousands in Haiti who lost their lives in the January earthquake were 14 members of a support group that was meeting at the offices of SEROvie, an amfAR-supported community organization that provides outreach and HIV/AIDS-related services to men who have sex with men (MSM). One staff member also remains missing.

SEROvie, which received community awards from amfAR through its MSM Initiative in 2008 and 2009, has been providing medical and psychosocial support, and has been building a network of providers of HIV services for MSM. The earthquake’s devastation compounds the difficulties of working within what was already a fragile infrastructure, and represents an enormous loss to the HIV/AIDS community in Haiti.

Within weeks of the earthquake, amfAR began discussions about a bridge grant to SEROvie to help the organization regroup and continue to provide services to the devastated community. According to the executive director, the staff is now working out of tents and in parts of the office that weren’t destroyed. Although their efforts were severely disrupted initially, they are now able to offer emergency relief.

amfAR expects to make another recovery grant in the next few months to support HIV efforts for MSM in Haiti. With many fleeing the devastation of Port-au-Prince, less badly damaged cities such as St. Marc have absorbed a flood of people in need of assistance. In order to help with the influx of MSM, amfAR is in discussions with an organization in St. Marc to provide critical HIV services to MSM as part of the MSM Initiative’s most recent Caribbean grant cycle. ■



SEROvie’s office was destroyed in the Haitian earthquake and 14 lives were lost.

“The Sound Is Unforgettable”

A few days after the earthquake in Haiti, the executive director and founder of SEROvie emailed amfAR from Port-au-Prince with this description:

“January 12th, 35 seconds that will change our lives. We were having our usual support group meeting on that quiet Tuesday when the worst happened. The sound is unforgettable. I can’t even describe the horror as the ceiling and the wall of the conference room started to fall and the chaos started. Fourteen young men were lost forever in the earthquake. Over 2,000 LGBT continue to be displaced. However, there is HOPE. We have staffed the office with some of our best people, those committed to working in difficult circumstances even when it means putting themselves in danger. We are making progress, and we are poised to continue doing so.”

Homophobia Threatens AIDS Work CONTINUED FROM PAGE 1

several years in reaching African MSM is being threatened by a new climate of fear and repression that is sweeping parts of the continent.

Uganda: “We’ll be forced underground”

Same-sex sexual behavior has long been outlawed in Uganda, but the country’s war on homosexuality began to escalate in the spring of 2009, when several evangelical clergymen from the U.S. visited to give a series of talks opposing the “gay agenda.” Amidst the ensuing anti-gay fervor, in October MP David Bahati introduced new anti-homosexuality legislation in Parliament.

The proposed law would impose the death penalty for “aggravated homosexuality,” which includes any same-sex sexual activity by HIV-positive people. It mandates up to life in prison for anyone convicted of homosexuality or attempted homosexuality. It would also imprison anyone who knows of homosexual conduct and fails to report it—effectively criminalizing the efforts of anyone providing HIV/AIDS services to members of the LGBT community.

Pepe Julian Onziema is the HIV/AIDS program coordinator at Sexual Minorities Uganda (SMUG), which received a community award from amfAR’s MSM Initiative for advocacy and outreach aimed at curbing the spread of HIV among MSM. Over the past several months, Onziema explained, SMUG’s vocal opposition to the bill has made it the target of sensational media coverage and has raised fears that anyone associated with the organization will be subject to violence or arrest.

Providing HIV services has become nearly impossible. “We were referring our clients to doctors who had agreed to help us, but they’re finding it difficult to continue because they are afraid something will happen to their jobs,” Onziema explained. “One doctor still manages to get us condoms, which we are able to distribute to MSM through our men’s organization. But we are limited in the number of people we are able to reach.”

If the bill passes, Onziema acknowledges, SMUG will be unable to continue working openly with members of the LGBT community. “We’ll be forced underground, and that will only increase cases of abuse and HIV infection.”

Uganda’s proposed law would impose the death penalty for same-sex sexual activity by HIV-positive people.

Malawi: “You can run but you cannot hide”

“POLICE HUNT FOR PROMINENT GAYS.” The headline in the February 28 edition of a Malawian newspaper appeared in inch-high block letters above a photo of two men whose arrest in late December for holding a traditional engagement ceremony set off a wave of anti-gay hostility in Malawi. The first line of the story conveys a chilling message from police to the “high-profile homosexuals” they claim are providing encouragement to the engaged men and distributing pornography: “You can run but you cannot hide.”

The “prominent people” described in the article are, in fact, members of an amfAR-

supported grassroots group, the Center for the Development of People (CEDEP), which provides HIV testing, counseling, and outreach to MSM and other vulnerable groups. The “gay pornography” in question? Informational DVDs and pamphlets on HIV prevention.

By the time this inflammatory article appeared, CEDEP’s staff had already been forced to close their office in Blantyre and relocate to the capital, Lilongwe, after two health workers from the organization were arrested.

In Lilongwe, CEDEP has found it impossible to continue its HIV/AIDS activities. “We were supposed to conduct a big study to determine the size of the MSM population in Malawi. But we can’t do that now because people will not agree to be interviewed,” explained CEDEP’s director, Gift Trapence. “The MSM community can’t access testing because they’ve been driven underground. They are afraid of the police—and the media reports are increasing the threat. They have been publishing statements by the police saying that they have a list of gay people, and that they will arrest all of them.”

In short, he said, “HIV/AIDS-related programs have stopped. We are only doing advocacy, to see if this situation can be improved.”

As for the two men who were arrested in December, they face up to 14 years in prison if convicted.

Kenya: “There are no prevention activities going on now”

In Kenya, a February 12 attack on an HIV/AIDS clinic in the coastal town of Mtwapa, near Mombasa, followed a rumor that two local men were planning a wedding ceremony there. Incited by local radio reports about the alleged wedding and by religious leaders who discussed the issue during Friday prayers, a mob of several hundred attacked the clinic at the Kenya Medical Research Institute (KEMRI), which runs an HIV program for MSM. The violence



A training for MSM peer educators at SMUG in Uganda. Due to privacy and safety concerns, the men declined to show their faces in the photograph. (Photo: Pepe Julian Onziema)

spread as angry mobs attacked the homes of men known or suspected to be MSM.

Police were able to quell the violence—by arresting six of the men who had been attacked by the mob. Peter Njane, director of the amfAR-funded group Ishtar MSM, was involved in efforts to free the men from custody and is now working with other advocates to keep them safe.

HIV/AIDS services in the area of the attacks have since ground to a halt. “People used to get their antiretrovirals at KEMRI,” Njane said. “While it’s been closed, there is no provision of condoms and lubricant, no medical services for this community. Some of these things, like lubricant, aren’t available anywhere else. There are no prevention activities going on now.”

““ The MSM community can’t access HIV testing because they’ve been driven underground. They are afraid of the police. ””

Even when the clinic is able to resume HIV/AIDS services, the lingering fear will not be easily dissipated, making it even harder to reach an already vulnerable population. “Some of the men who were attacked are not sure they will be able to go back to work as peer educators,” Njane said. “And we are hearing from other AIDS organizations in the area that people are afraid to come to their office for meetings.”

A Shifting Tide?

Despite the fear and discrimination—even the violence and the threat of prosecution—those working on the front lines in the fight for HIV services for MSM remain determined to continue their struggle. Some can even see the tide shifting—slowly, but surely—in their favor.

“Five years ago, people did not talk about homosexuality, but now I have dialogues about it,” said Kenya’s Njane. Increased media attention, he explained, has given Ishtar MSM an unexpected platform for reaching MSM with prevention messages. “More people know

From Panama to Pakistan, MSM Initiative Nurtures Community Efforts

HIV PREVENTION AMONG THE WAYUU...AND OTHER PROJECTS

From electronic communications about HIV prevention to research studies and risk-reduction outreach, the latest projects funded through amfAR’s MSM Initiative are taking innovative approaches to curbing the spread of HIV/AIDS among men who have sex with men (MSM) in the developing world.

The third round of MSM Initiative awards in Africa, announced in April, funds eight grassroots groups in seven countries—Cameroon, Kenya, Liberia, Morocco, South Africa, Uganda, and Zambia. Among the awards is the first ever in northern Africa, to establish a drop-in center for MSM in Marrakesh, Morocco, and the first in South Africa, to support religious leaders in Johannesburg and Soweto working through faith communities to fight HIV/AIDS among MSM.

In Asia and the Pacific, seven awards were made in December 2009 to groups operating in Bangladesh, China, India, Indonesia, Pakistan, Thailand, and Vietnam. Projects include legal human rights education for MSM in China and an internet-based HIV prevention campaign for MSM in Islamabad, Pakistan. In Latin America, 10 awards were also announced in December supporting organizations in seven countries: Bolivia (two), Brazil (two), Colombia—where an HIV prevention program for MSM is being implemented among the indigenous Wayuu—Ecuador, El Salvador, Mexico (two), and Panama.

“MSM worldwide have much higher rates of HIV infection than the general population,” said Kent Klindera, program manager of the MSM Initiative. “We’re excited that these projects in so many corners of the world are using such different tools to help deploy the most effective strategies for controlling the epidemic among MSM.” ■

about our initiative. After we were mentioned in the media, our website kept jamming. People who need information are coming to us.”

In Malawi, Trapence and his colleagues remain outspoken advocates for MSM and other minorities, speaking to leaders and activists at home and abroad, and risking their own safety by talking to the media. He has reason to hope that at least some in Malawi’s government will be receptive to their message. Thanks to CEDEP’s advocacy efforts, in 2009 MSM were included for the first time in Malawi’s national strategic plan on HIV/AIDS.

In Uganda, SMUG is at the forefront of efforts to defeat the anti-homosexuality bill. In early March, SMUG leaders were part of a delegation, including AIDS service

providers, human rights activists, and clergy members, who presented a petition signed by more than 450,000 people to the speaker of Uganda’s Parliament.

Faced with intense pressure from around the world, Uganda may remove some of the bill’s harshest provisions, including the death penalty. But opponents point out that passing the legislation in any form will cripple efforts to combat HIV/AIDS among Uganda’s MSM. By driving them underground and denying them access to lifesaving prevention and treatment, Uganda will—no matter what the law says—be handing these men a death sentence. ■

TWO x TWO for AIDS and Art

The Dallas community turned out in force for a week of events culminating in a dinner and live auction on October 24, 2009, which raised a record-setting \$4 million for amfAR and the Dallas Museum of Art.

Special thanks: Sponsors Sotheby's, Aston Martin of Dallas, Flexjet, The Joule, A Luxury Collection Hotel, Tolleson Wealth Management, Waldman Bros./Chubb, Moët Hennessy USA, Todd Fiscus for todd.event design.creative services, Kristina Wrenn for twentyandseven, Neiman Marcus, The Snoring Center, Artemis Fine Arts Services, and Unified Fine Arts Services; and Jamie Niven, Chairman, Sotheby's North and South America (Photos: Photography by Bruno)



amfAR trustee Harry Belafonte with event chairs Elizabeth and Jan Showers



amfAR CEO Kevin Robert Frost with hosts Cindy and Howard Rachofsky



Alan Cumming gave an exhilarating musical performance.

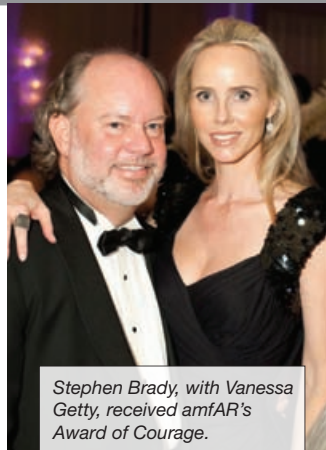


Peter Doig accepted amfAR's Award of Excellence for Artistic Contributions in the Fight Against AIDS.

San Francisco Gala

amfAR supporters in the Bay Area came together on November 6, 2009, for the eleventh annual San Francisco Gala, which raised \$440,000 for AIDS research. Stephen Brady and Peter Poulos received amfAR's Awards of Courage.

Special thanks: Wells Fargo (Photos: Drew Altizer)



Stephen Brady, with Vanessa Getty, received amfAR's Award of Courage.



amfAR CEO Kevin Robert Frost with the evening's host, Rex Lee.

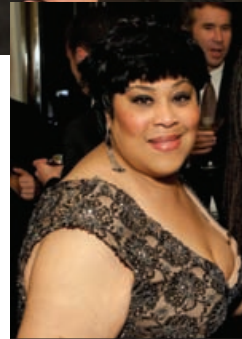


amfAR chairman Kenneth Cole with Maggie Rizer, who spoke candidly about losing her father to AIDS.

Raising the Stakes for AIDS Research

Celebrities and poker stars duked it out at the amfAR and PokerStars.net Charity Tournament in the Bahamas on January 8, helping to raise \$300,000 for amfAR. But the tournament crown ultimately went to a non-professional who proceeded to generously donate half of his winnings to amfAR.

"It's a worthwhile cause and I had a touch of luck," said Spencer Benjafield (right), an offshore engineer from England who was one of only five non-celebrity, amateur players to qualify for the event. "I thought it was my time to give something back to the people who need it most." Musicians Kelly Rowland, Nelly, and Slash, talk show host Montel Williams, and tennis legend Boris Becker played at the tournament, among many others. ■



Martha Wash performed her classic song "It's Raining Men."



Peter Poulos received amfAR's Award of Courage.

New York Gala

amfAR's annual New York Gala, held on February 10, raised \$1.2 million for AIDS research and honored Louis Vuitton CEO Yves Carcelle, Sir Elton John, and David Furnish for their contributions to the fight against AIDS.

Special thanks: M•A•C Cosmetics and Viva Glam, Jamie Niven of Sotheby's North and South America. Event design by todd. event design. creative services. (Photos: Dimitrios Kambouris/WireImage and Larry Busacca/WireImage)



Vanessa Redgrave and Meryl Streep paid tribute to the late amfAR trustee Natasha Richardson, Redgrave's daughter.



Covered in pearls, M•A•C Viva Glam spokesperson Lady Gaga gave an electrifying performance of "Future Love."



Zoe Saldana and amfAR Award of Courage recipient Yves Carcelle



Longtime amfAR supporter Alan Cumming with Rufus Wainwright, who performed songs from his album recreating a legendary Judy Garland concert



Julia Stiles, amfAR Chairman Kenneth Cole, and event host Stanley Tucci



Sigourney Weaver with amfAR CEO Kevin Robert Frost

Cinema Against AIDS Dubai

The third Cinema Against AIDS Dubai was held on December 10, 2009, and raised \$1.9 million for amfAR's AIDS research programs.

Special thanks: Dubai International Film Festival, Dubai Pearl, Cartier (Photos: Andrew Walker/Getty Images and Gareth Cattermole/Getty Images)



Event chair Christina Ricci opened the evening, urging guests to support the research that is the best hope for a cure for HIV/AIDS.



Event chair Matt Dillon encouraged guests to bid in the live auction.



Abdul Majeed Ismail Al Fahim, chairman of Dubai Pearl, spoke about the "moral responsibility" of raising awareness about the global AIDS epidemic.



Mandy Moore gave a moving musical performance.



Cinema Against AIDS Dubai supporters gathered on stage to celebrate the night's success.

COMMIT TO A CURE

www.amfar.org/donate

amfARTM
AIDS RESEARCH

Cruise for a Cure



amfAR Ambassador Cheyenne Jackson will represent the Foundation on the Cruise for a Cure this summer. Benefiting amfAR, the eight-day Baltic cruise aboard the Regent Voyager will depart from Copenhagen, Denmark, on August 4. Stopping in Visby, Sweden; Tallinn, Estonia; St. Petersburg, Russia (three full days); and Helsinki, Finland, the cruise will end in Stockholm, Sweden, on August 11.

amfAR will receive ten percent of each cruise fare purchased through David Morris International. For further information, email reservations@davidmorrisintl.com, call 1-800-279-6200, or visit www.amfar.org.



- For more information, visit www.amfar.org.*
- May 20, 2010 • Cinema Against AIDS 2010
Cap d'Antibes, France
 - June 3, 2010 • The Inspiration Gala
New York City
 - June 25, 2010 • The Inspiration Gala
Paris, France
 - July 17, 2010 • Life Ball • Vienna, Austria
 - August 2-6, 2010 • Kiehl's Life Ride for amfAR
San Diego to San Francisco
 - August 4-11, 2010 • Cruise for a Cure
Baltic Sea (from Copenhagen, Denmark)
 - September 12, 2010 • Cinema Against AIDS
Toronto • Toronto, Canada
 - September 25, 2010 • Bucks County Cabaret
Bucks County, Pennsylvania
 - September 2010 • amfAR Milano
Milan, Italy
 - October 23, 2010 • TWO X TWO for AIDS and Art
Dallas, Texas
 - October 28, 2010 • The Inspiration Gala
Los Angeles
 - November 12, 2010 • San Francisco Gala
San Francisco

Calendar

- amfAR Launches Consortium for a Cure
- A Matter of Life and Death: Homophobia Threatens AIDS Work
- When Children Grow Up With HIV

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