

# Friday 27 July | Satellite Sessions



AIDS 2018

**FRSA08** **From research to policy to practice: WHO medical eligibility criteria (MEC) for progestogen only contraception use by women at high risk of HIV infection**

Non-Commercial Satellite

**Venue:** Elicium 1

**Time:** 07:00-08:30

**Organizer:** WHO RHR

The complex relationship between research and health policy is illustrated by the ongoing discussion regarding the association between HIV acquisition and hormonal contraception, and in particular, progestogen-only injectable contraceptives (POIs). Despite a body of epidemiological, translational, and basic science research, the question persists as to whether there exists a causal increased risk of HIV acquisition in women who use POIs. The World Health Organization (WHO) experience with continually reviewing current research evidence and with the implementation of evidence-based guidelines reflects how challenging creating health care policy can be. Translating research into policy must account for the needs and concerns of multiple stakeholders as well as the people it ultimately will affect. This session will highlight several aspects of this experience to show how challenging this process can be. It is aimed at policy makers, ministries of health, advocates and researchers.

## Welcome

J.Kiarie, Coordinator, Human Reproduction Team, WHO Department of Reproductive Health and Research, Switzerland

## Development of WHO MEC guidelines

J.Kiarie, Coordinator, Human Reproduction Team, WHO Department of Reproductive Health and Research, Switzerland

## Differences in DMPA-IM, DMPA-SC and NET-EN relative to the potential impact on HIV acquisition in women

R.Heffron, Departments of Global Health and Epidemiology, International Clinical Research Center, University of Washington, United States

## Implementation of WHO MEC recommendations

P.Steyn, Human Reproduction Team, WHO Department of Reproductive Health and Research, Switzerland

## What should the advocacy agenda for the process of guidance be?

L.Mworeko, International Community of women living with HIV Eastern Africa (ICWEA), Uganda

## Discussion

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**FRSA01** **Young Leaders Cracking the Code & Improving Adolescent Access to Care**

Non-Commercial Satellite

**Venue:** Hall 11A

**Time:** 07:00-08:30

**Organizer:** SRHR Africa Trust

Access to comprehensive services for girls in the East Southern African (ESA) region is slow, and still not integrated into established adolescent health evidence or services. Furthermore, HIV is not effectively incorporated into broader sexual and reproductive health rights (SRHR). Youth voices and involvement is central to designing interventions which will meet the SRHR needs of Africa's youthful population. SAT aims to bolster youth-driven efforts to address social, political, economic factors that increase vulnerability to HIV and support a powerful cadre of adolescent girls and young women (AGYW) to strengthen advocacy prevention efforts. This interactive session will be led by diverse voices of Young Leaders and offer a much-needed youth perspective to engaging with multiple stakeholders on supporting AGYW in the region to enhance their leadership; construct an evidence-based, focused, advocacy agenda aligned to the prevention roadmap and adolescent health evidence; develop an AGYW-driven health database, and innovate prevention components.

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**FRSA03** **Are Key Populations really the "KEY" to Ending AIDS in Asia?**

Non-Commercial Satellite

**Venue:** E105-108

**Time:** 07:00-08:30

**Organizer:** World Health Organisation, Regional office for South-East Asia and UNAIDS RST for Asia and the Pacific

The purpose of this session is to present the recommendations from a recent Think Tank meeting convened by WHO SEARO, along with UN partners and communities, on "Revisiting the Strategies for Interventions among Key Populations for HIV". This meeting observed that the interest and investment on Key population interventions were on the decline while majority of new infections in Asia are still associated with the Key populations and their partners. Failure to render adequate services for the key populations and partners will result in the Universal Health Coverage remaining elusive for people who are left behind.

This satellite will present the evidence and way forward on intensifying the focus on Key populations and leveraging 'AIDS Assets' in order to guide UN agencies, donors, communities and other partners in re-aligning their current HIV programmes to reach 2020 targets on way to ending AIDS by 2030.

## Opening remarks

A.Ball, World Health Organization (WHO), Switzerland; E.Murphy, UNAIDS, Thailand

## Understanding key populations as key to ending the AIDS epidemic in Asia

### Prioritising and modelling key populations interventions

T.Brown, East-West Center, United States

### Governance model for the elimination agenda

J.Prasada Rao, United Nations, India

### Community led prevention model: Experience from China

G.Mi, Blued, China

### Community led prevention model: Experience from Ashodaya

S.Reza-Paul, University of Manitoba, India

### Recommendations from the think tank meeting on key populations in Asia

B.Rewari, WHO SEARO, India

## Panel discussion

C.Thomas, Indonesian Drug Users Network (PKNI), Indonesia; M.Beg, United Nations Office On Drugs and Crime (UNODC), Austria; I.Zhukov, UNFPA, United States; T.Bingham, CDC, United States; A.Verster, WHO, Netherlands; K.Klindera, USAID, United States; B.John, , India; B.Rewari, WHO SEARO, India

## Closing remarks by the Co-Chairs

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**FRSA04** **Critical Steps Along the Way: Preparing for the TLD Transition**

Non-Commercial Satellite

**Venue:** G102-103

**Time:** 07:00-08:30

**Organizer:** USAID's Global Health Supply Chain-Procurement and Supply Management Project

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We now can place many patients needing ART on a new optimal regimen, tenofovir/lamivudine/dolutegravir (TLD). Ensuring the smooth transition to new treatment requires balancing manufacturing capacity with demand while managing transition risks.

GHSC-PSM is working with its offices, local counterparts, OGAC, USAID, other donors, and suppliers, to address key supply chain-related transition challenges. This includes aligning global demand with manufacturing capacity; and mitigating risks of TLD stock outs and wastage of other first line ARVs, while decreasing the use of sub-optimal regimens.

This satellite will explore supply chain considerations in supporting countries' transition to TLD as a recommended first-line treatment (WHO Guidelines, 2016). Panelists will also discuss recent study findings regarding the use of DTG in women of childbearing age, and highlight tools and important steps to guide countries' preparations for their transition to TLD.

## Welcome

C.Malati, USAID, United States

## Agenda and Speaker Introductions

M.Field-Nguer, GHSC-PSM, United States

## WHO Guidance on the Use of TLD; the Who, Why, and How of Transitioning Patients

M.Vitoria, WHO, Switzerland

## Supply Chain Factors and Tools for Success

A.Deshpande, GHSC-PSM, United States

## The Current Supply Profile for TLD

N.Trifunovic, GHSC-PSM, Netherlands

## The Current Demand Profile for TLD and the Art of Balancing Supply and Demand

R.Neagle, GHSC-PSM, United States

## Discussion, Q&A

M.Field-Nguer, GHSC-PSM, United States

## Closing Remarks

C.Malati, USAID, United States; M.Vitoria, WHO, Switzerland

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## FRSA05 Models of implementation of PrEP: Lessons learnt from Kenya. "From demonstration to national adoption"

Non-Commercial Satellite

Venue: G104-105

Time: 07:00-08:30

### Organizer: Kenya National AIDS Control Council

Following release of the 2015 global normative guidance on PrEP, Kenya adopted PrEP into her national guidelines. The Ministry of Health then released HIV treatment and prevention guidelines recommending PrEP use among uninfected partners at high risk of HIV infection. In 2017 Kenya released the Framework for Implementation of PrEP, to guide programming, and is now home to the 2nd highest number of implementation projects globally.

Implementation projects in Kenya have focused on identifying facilitators of PrEP uptake, adherence and retention across priority populations, as well as cost-effective models of delivery. Programs have been rolled out among different sub populations at substantial risk of HIV infection, with a particular focus on adolescent girls and young women. We seek to highlight the determinants of PrEP program success, best practices and challenges by priority population group, to inform PrEP roll-out globally, as well as inform priority areas for further research.

### Introduction to the session and welcome remarks

P.Cherutich, Ministry of Health Kenya, Kenya

### National Roll out of PrEP in Kenya: Experiences and lessons learnt

I.Mukui, Ministry of Health, Kenya

### Reaching adolescents and young persons with PrEP

L.Digolo, LVCT Health, Kenya

### Global and regional perspective on delivering PrEP- define, reach, risk evaluation, denominators and targeting

R.Baggaley, World Health Organization (WHO), Switzerland

## Sustainable Delivery of PrEP as part of National Programs: "The Politics & Realities "

N.Kilonzo, National AIDS Control Council (NACC), Kenya

## Q&A Session

## Panel Discussion: Integrating PrEP into existing services for different populations: Client and provider perspective on oral PrEP "

J.Kinuthia, Kenyatta National Hospital, Kenya; E.Irungu, Kenya Medical Research Institute (KEMRI), Kenya; E.Wahome, Kenya Medical Research Institute (KEMRI), Kenya

## Q&A Session

## Closing remarks by Co-Chairs

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## FRSA06 WHO satellite on country experiences in monitoring new ARVs: Focus on toxicity monitoring and surveillance of dolutegravir during pregnancy to inform treatment policies

Non-Commercial Satellite

Venue: E102

Time: 07:00-08:30

### Organizer: WHO

The satellite will provide country examples and in depth discussion with panellists on how best to strengthen HIV patient monitoring and active toxicity monitoring as well as engage in epidemiological surveillance of ARV safety during pregnancy when introducing new ARVs. WHO global work on the safety review of neural tube defect signal with dolutegravir will be presented. Technical guidance and opportunities for pooling data under a global repository to analyse safety outcomes and inform treatment policies more rapidly will be discussed. This satellite will be of interest to programme managers, implementers, clinicians, civil society and researchers.

### Introductory remarks by Co-Chairs

M.Doherty, World Health Organization, Switzerland

## WHO Global work on safety review of neural tube defect signal and guidance on toxicity monitoring and pregnancy safety surveillance for dolutegravir

F.Renaud, WHO, Switzerland

## Building a global approach: WHO global repository for epidemiological surveillance of drug safety in pregnancy and in general population

C.Halleux, WHO, Switzerland

## Birth outcomes surveillance programme in Botswana: The Tsepamo Study

R.Zash, Beth Israel Deaconess Medical Center, United States; M.Diseko, Ministry of Health, Malawi

## Brazil experience: Active toxicity monitoring in adults and birth defect surveillance with dolutegravir

A.Benzaken, Ministry of Health, Brazil

## Malawi experience: Person-centred HIV patient monitoring and birth defect surveillance programme

T.Kalua, , Malawi

## Perspective from civil society: Taking into account and measuring HIV patient experience

S.Baptiste, International Treatment Preparedness Coalition, South Africa

## Q&A from the audience and their examples

A.Benzaken, Ministry of Health, Brazil; R.Zash, Beth Israel Deaconess Medical Center, United States; M.Diseko, Ministry of Health, Malawi; T.Kalua, , Malawi; C.Halleux, WHO, Switzerland; H.Watts, Office of the Global AIDS Coordinator, US Department of State, United States; E.Raizes, US Centers for Disease Control and Prevention, United States; S.Baptiste, International Treatment Preparedness Coalition, South Africa; F.Renaud, WHO, Switzerland

## Closing remarks and next steps by Co-Chairs

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## FRSA07 Monitoring the 3 90's, the next frontier: from surveys to routine data to build cascade monitoring at local level

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Non-Commercial Satellite

**Venue:** Emerald Room

**Time:** 07:00-08:30

## **Organizer: WHO**

The use of cascades is integral to achieving the 90-90-90 global HIV targets and represents one of the key monitoring strategies for supporting expansion and linkage of HIV care, treatment and prevention services. HIV health sector services can be depicted as a "cascade", encompassing prevention, diagnosis, care, and treatment interventions. The term cascade emphasises that this a sequence of linked services that are required to achieve desired impacts for programme success. The cascade concept also informs tracking of patients. It highlights the stepwise reduction in population eligibility and coverage along the sequence of interventions. The recommended list of 10 global indicators seeks to provide an overview of the performance of the health sector response in its fight against HIV while reducing the burden of global reporting requirements. . It provides focuss and consistent information for partners whose information is often fragmented across a large number of unlinked data sources.

## **Welcome and introductions : WHO general approach to cascade analysis framework : From Cascade Analysis to Action**

J.M Garcia Calleja, WHO, Switzerland

## **Cascade analysis and use of data in Zimbabwe**

D.Choto, National ART Coordinator , Ministry of Health and Child Care, Zimbabwe, Zimbabwe

## **Cascade analysis and use of data in India**

D.Kumar, National AIDS Control Organisation, Ministry of Health & Family Welfare, India

## **Cascade analysis and use of data in Tanzania**

C.Kumalija, Head of HMIS, Ministry of Health Community Development Gender Elderly and Children, United Republic of Tanzania

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