

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

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 road-map and adolescent health evidence; develop an AGYW-driven health database, and innovate prevention components.

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

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

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

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.Chirutich, 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

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

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

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
