

MOSA05 Overcoming the barriers to HCV elimination

Commercial Satellite

Venue: Hall 11A

Time: 08:00-10:00

Organizer: Abbvie

Pan-genotypic antiviral drug regimens for the treatment of HCV are now a reality and recommended in guidelines. These regimens are enabling the HCV care cascade by providing short, simple, highly effective, and well tolerated treatment options for all patients with chronic HCV infection.

In 2016, the World Health Organization communicated their vision for eliminating viral hepatitis as a public health threat by 2030. Since this announcement, global and national responses toward elimination have gained momentum; however, despite us now having the therapeutic tools for HCV cure, several challenges remain which require support and action.

There is a current focus on eliminating HCV in persons at high risk of onward transmission, including injection drug users, men who have sex with men, and those co-infected with HIV. A multistakeholder approach, including infectious disease specialists and other health and social care professionals involved in patient management, is integral for plans to eliminate HCV.

Our symposium will explore how the emerging pan-genotypic anti-HCV agents have simplified the management of HCV for all patients, and how the ability to cure can help overcome some barriers in the HCV care cascade. The symposium, will also review gaps in the overall care cascade and efforts/initiatives that may help reduce or address these, and consequently complement the breakthroughs made in actual antiviral therapy. We will also discuss how care needs to be delivered through a multidisciplinary approach with the ultimate goal of eliminating HCV as a public health threat. We see this symposium as complementary to the wider call to action to make elimination of HCV by 2030 a reality.

Welcome and Introduction

A.Ustianowski, North Manchester General Hospital, United Kingdom

The HCV Care Cascade: Impact of DAA Regimens

A.Ustianowski, North Manchester General Hospital, United Kingdom

HCV Elimination: Strategies, Stakeholders and Key Populations

J.Lazarus, Barcelona Institute for Global Health, Spain

HCV Screening and Diagnosis: Learning From HIV and Future Horizons

R.Peeling, The London School of Hygiene & Tropical Medicine, United Kingdom

Panel Discussion and Audience Q&A

A.Ustianowski, North Manchester General Hospital, United Kingdom; J.Lazarus, Barcelona Institute for Global Health, Spain; R.Peeling, The London School of Hygiene & Tropical Medicine, United Kingdom

Summary & Close

A.Ustianowski, North Manchester General Hospital, United Kingdom

MOSA01 The Last Mile to EMTCT: Are we there yet?

Non-Commercial Satellite

Venue: Auditorium

Time: 08:00-10:00

Organizer: Convened by ICAP, UNAIDS, UNICEF, WHO and the 'Start Free' working group

Tremendous gains have been made in reducing mother-to-child HIV transmission globally, and many children are now starting life free of HIV. However, much remains to be done to achieve the ambitious goal of ending new HIV infections among children.

The Start Free Stay Free AIDS Free, launched by PEPFAR and UNAIDS in 2016 adopted a superfast track agenda to meeting the remaining gaps, to change the trajectory of the epidemic in children once and for all. The session will build consensus on the key strategies that need to be adopted to get us to the 'last mile' by addressing the following key issues:

- 1) Where are we now and what still needs to be done?
- 2) What are the game changers, innovations and keys to success we can learn from?
- 3) How can data drive quality and better outcomes for mothers and children?

Video

Welcome and opening remarks

N.Simelela, WHO, Switzerland

Current data on the global status of PMTCT and progress towards EMTCT

H.Mahy, Joint United Nations Programme on HIV/AIDS (UNAIDS), Switzerland; D.Von Zinkernagel, UNAIDS, Switzerland

New strategies to improve the impact of EMTCT programmes

H.Watts, Office of the Global AIDS Coordinator, US Department of State, United States

Overview of data for targeting interventions and improving programme quality and outcomes

F.Tsiouris, ICAP, United States

Commentary and Q&A

E.Abrams, ICAP at Columbia University, United States

Panel discussion

S.Aliyu, NACA, Nigeria; P.Lumano-Mulenga, Vanderbilt-Zambia Network for Innovation in Global Health Technologies, Zambia; S.Mthethwa-Hleza, Ministry of Health, Swaziland; W.Waworuntu, Ministry of Health, Indonesia; L.Mworeko, International Community of women living with HIV Eastern Africa (ICWEA), Uganda

Closing remarks

C.Luo, UNICEF, United States; M.Doherty, World Health Organization, Switzerland

MOSA32 Combination prevention for adolescents in eastern and southern Africa – evidence from the Evidence for HIV prevention in Southern Africa (EHPSA) programme

Non-Commercial Satellite

Venue: Hall 10

Time: 08:00-10:00

Organizer: Evidence for HIV prevention in Southern Africa (EHPSA) programme (UKaid funded programme managed by Mott MacDonald)

8:00 Introduction and welcome, UNAIDS RST, ESA

8:15 PrEP, gender-based violence and adolescent combination prevention in South Africa and Tanzania, Dr Sinead Delany Moretwe, Research Director Wits RHI

8:30 Universal test and treat in a community-based combination prevention programme in Zambia and South Africa (HPTN 071), Graham Hodinott, Desmond Tutu Centre, Stellenbosch University

8:45 Socio-economic drivers of vulnerability in HIV-positive youth in South Africa, Prof Lucie Cluver, University of Oxford

9:00 Youth-friendly health services, cash transfers and empowerment in Malawi and South Africa, Dr Nora Rosenberg UNC Gillings School of Global Health and Laura Myers, Desmond Tutu HIV Foundation

9:15 Adolescent and HIV, World Bank evaluations, Marelize Gorgens, Senior Monitoring and Evaluation Specialist, World Bank

9:30 Q&A

9:55 Summing up, Dr Charlotte Watts, Chief Scientific Adviser DFID

Introduction and welcome

C. Sozi, UNAIDS, South Africa

PrEP, gender-based violence and adolescent combination prevention in South Africa and Tanzania

Film

PrEP, gender-based violence and adolescent combination prevention in South Africa and Tanzania

S. Delany-Moretwe, Wits Reproductive Health and HIV Institute (WRHI), South Africa

Universal test and treat in a community-based combination prevention programme in Zambia and South Africa (HPTN 071)

G. Hodinott, Desmond Tutu TB Centre, Stellenbosch University, South Africa

Socio-economic drivers of vulnerability in HIV-positive youth in South Africa

L. Cluver, Oxford University, United Kingdom; D. Toska, University of Cape Town, South Africa; L. Gittings, AIDS and Society Research Unit, University of Cape Town, South Africa

Youth-friendly health services, cash transfers and empowerment, in Malawi and South Africa

Youth-friendly health services, cash transfers and empowerment, in Malawi and South Africa

N. Rosenberg, University of North Carolina at Chapel Hill, United States

Adolescents, HIV and UHC: World Bank co-financed impact evaluations

M. Gorgens, World Bank, United States

Q&A

Summing up

C. Watts, DFID, United Kingdom

MOSA03 Using Local Data To Ensure Innovative Programmes For Young People In Botswana

Non-Commercial Satellite

Venue: Forum

Time: 08:00-10:00

Organizer: National AIDS Coordinating Agency, Botswana

According to the 4th Botswana AIDS Impact Survey (BAIS IV) OF 2014, HIV prevalence among young people aged 15-24 years was estimated at 7.9% (BAIS 2014), amounting to 20700 young people living with HIV (Spectrum 2013). This symposium will focus on Botswana's commitment to ending AIDS among adolescents (10-19 years) and young people (20-24 years) by using local data to inform innovative and targeted strategies. In relation to this year's theme, Breaking Barriers: Building Bridges, Botswana intends to showcase interventions specifically designed for young people living with HIV and key populations.

Botswana Video

Introduction of Guests

The Last Sprint Towards Ending

R. Mathare, NACA, Botswana

Documentary on Botswana Treat All Strategy "Have It All"

Understanding Knowledge, Attitudes and Behaviours of Young People in Botswana

M. Keabona, Ministry of Basic Education, Botswana

Questions and Comments

Strengthening Youth Led Structures for HIV & AIDS Prevention

Strengthening Youth Led Structures for HIV & AIDS Prevention

L. Busang, ACHAP, Botswana

Youth, Sex & Sugar Daddies: Evidence from the Frontlines

O. Keegope, ACHAP, Botswana

Providing Psychosocial Support and Life Skills to Young People Living with HIV

T. Mollwa, Sentebale, Botswana

Providing Safe Spaces for Youth Key Populations

U. Ngwenya, Botswana Family Welfare Association, Botswana

Questions and Comments and Wrap Up

MOSA06 It's time to test and treat differently: Comparing and contrasting differentiated service delivery along the HIV care cascade from countries and communities

Non-Commercial Satellite

Venue: Hall 11B

Time: 08:00-10:00

Organizer: International AIDS Society & World Health Organization

Despite commitments to the 90-90-90 targets, many people remain unaware of their HIV status and in many settings ART coverage remains low. In particular, key populations face structural and other barriers when accessing HIV testing and treatment services which results in suboptimal coverage of these services. This session will take participants on a journey across the HIV care cascade highlighting key perspectives and programme examples. A series of short presentations will be preceded by an opening panel discussion and conclude with a dialogue among the chairs and stakeholders on their thoughts for the way forward.

Opening and introductions

W. Mosime, International Treatment Preparedness Coalition, Botswana; E. Emini, Bill & Melinda Gates Foundation, United States

Where have we come from? [Discussion]

M. Doherty, World Health Organization, Switzerland; T. Ellman, Médecins Sans Frontières (MSF), South Africa

DSD Best Practices Across the Cascade

R. Nyirenda, Ministry of Health, Malawi; D. Thanh Tung, Lighthouse Social Enterprise, Vietnam; R. Ramautarsing, Thai Red Cross AIDS Research Center, Thailand; L. Ocul, The AIDS Support Organization (TASO), Uganda; S. Baptiste, International Treatment Preparedness Coalition, South Africa

Launch of Decision Frameworks

K. Osborne, International AIDS Society (IAS), Switzerland; M. Poonkasetwattana, Asia Pacific Coalition on Male Sexual Health (APCOM), Thailand

Where do we go from here? [Discussion]

R.Baggaley, World Health Organization (WHO), Switzerland;
A.Fakoya, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

MOSA07 Tackling co-infection with collaboration: can integration of diagnostic services & technologies help maintain critical momentum in infectious disease control?

Non-Commercial Satellite

Venue: E105-108

Time: 08:00-10:00

Organizer: FIND (Foundation for Innovative New Diagnostics)

We can no longer afford the human and financial cost of treating HIV as though it exists within a vacuum. People living with HIV are all too often concurrently infected with tuberculosis, hepatitis, malaria, a neglected tropical disease, or another STI.

Failing to rapidly detect co-infection and link people to care not only puts patient lives at risk and widens opportunities for transmission, but it increases both the personal and public health costs. As such, it is time to take an integrated approach to the development and implementation of diagnostic tools. This session will explore the opportunities and challenges in diagnostic technology integration, and how we can move away from a siloed approach to diagnostic service delivery.

Welcome and introduction

C.Boehme, FIND, Switzerland

Opening remarks: Preserving the progress: Integration is critical to combat HIV co-infections

J.Nkengasong, African Centres for Disease Control and Prevention, Ethiopia

Enhancing access to diagnosis: What are the opportunities and challenges in diagnostic technology integration?

A.Ross, Unitaid, Switzerland; C.Boehme, FIND, Switzerland; C.Johnson, World Health Organization, Switzerland

Patient testimony: Impact of integration on the patient experience

C.Nawina Nyirenda, CITAMPlus, Zambia

From ambition to reality: How can countries move away from a siloed approach to diagnostic service delivery?

F.Zuure, Public Health Service of Amsterdam, Netherlands; A.Kautz, Lebehilfe Projekt, Germany; F.Zeh Kakanou, Ministry of Public Health of Cameroon, Cameroon; S.Nsanzimana, National HIV Programme, Rwanda; L.Vojnov, World Health Organization, Switzerland

Moderated Q&A

Closing remarks

E.Goosby, United Nations Special Envoy on Tuberculosis, United States

MOSA08 Breaking barriers and building bridges toward sustainability of the AIDS response in South-East Asia

Non-Commercial Satellite

Venue: G102-103

Time: 08:00-10:00

Organizer: UNAIDS Asia-Pacific, Government of Indonesia, Government of Myanmar and Government of Thailand (Bangkok Metropolitan Authority).

In line with the theme of the 22nd International AIDS Conference (AIDS 2018), "Breaking Barriers, Building Bridges", the satellite symposium will highlight working models for key populations with focus on approaches from South-East Asian countries including Cambodia, Indonesia, Myanmar, Philippines, Thailand and Viet Nam. These countries have many similarities in their epidemic profile and this session will be a platform in sharing best practices that could be adapted and contextualized in other settings. This satellite session will explore innovations for, and practical solutions to issues related to countries transitioning to middle-income status, and therefore away from traditional sources of donor funding. Each country presenting during the satellite session will be represented by government officials and/or community-based organizations and each will detail innovations in service delivery, and how they have built the strong political commitment required to achieve integrated, inclusive, and sustainable multi-sectoral responses.

Opening remarks

P.Yarnwaisakul, Deputy Director-General of Disease Control, Thailand

Breaking barriers through innovations and community leadership

T.Mihari, GWL-INA, Indonesia; R.Pagtakhan, LoveYourself, Philippines; K.Win, Asia Pacific Network of Sex Workers, Myanmar

Building bridges through leadership for a sustainable AIDS response

D.Phalla, National AIDS Response, Cambodia; D.Sugihantono, Communicable Disease Department, Ministry of Health, Indonesia; P.Win, Ministry of Health and Sports, Myanmar; D.Long, Viet Nam Authority of HIV/AIDS Control, Vietnam; D.Tatakorn, Division of AIDS and STI, Bangkok Metropolitan Authority, Thailand

Q&A

MOSA09 Breaking out of our echo chambers: Creative storytelling about HIV to cut through the noise

Non-Commercial Satellite

Venue: G104-105

Time: 08:00-10:00

Organizer: UNAIDS and Positive Action

How often do you feel the stories you tell or that you hear is like preaching to the converted? How do we address misconceptions about HIV and tackle stigma with people and audiences that are hard to reach? Learn from storytellers who are breaking out of their 'echo chambers' on social media and other media channels to reach audiences that are unexposed to, or misinformed on, issues related to people living with HIV. With the media landscape overcrowded and the plethora of news and non-news outlets saturating audience attention, how do we tell important stories about HIV in novel and effective ways? This symposium will explore new storytelling approaches and techniques user generators are harnessing to reach new audiences and engage them on HIV issues. Our panel will also offer guidance on how you or your organisation can modernise your storytelling tools and approaches to reach your desired audience.

Set the scene

D.Kemps, Viiv Healthcare, United Kingdom

Jon Cohen

J.Cohen, Science magazine, United States

Georgia Arnold

G.Arnold, MTV Staying Alive Foundation, United Kingdom

Khopotso B

K.B, Snoko Gender Justice, South Africa

Fr JP

J.FR, World Council of Churches, Switzerland

Joseph B

J.B, THETA-Uganda, Uganda

Rogers Simyu

R.Simyu, EGPAF, Kenya

Rowan and Sydelle

R.Pybus, Makhulu Media, South Africa; S.Willow Smith, Makhulu Media, South Africa

Maresh M

M.Mahalingam, UNAIDS, Switzerland

Ask your burning questions

D.Kemps, ViiV Healthcare, United Kingdom

Wrap up

Wrap up

D.Kemps, ViiV Healthcare, United Kingdom

MOSA04 Condoms 2.0: Reinvigorating effective condom programming in the era of epidemic control

Non-Commercial Satellite

Venue: E102

Time: 08:00-10:00

Organizer: Global Condom Working Group

While HIV prevention has made tremendous strides with voluntary medical male circumcision and pre-exposure prophylaxis, there are still millions of people at risk of infection who cannot use either of these interventions. Condoms remain one of the cheapest and most effective tools for preventing HIV, yet UNAIDS data shows major gaps in condom availability across the world.

These gaps arise partly from a shift in priorities: as the demand for HIV treatment has grown, donor appetite for large, highly-subsidized condom social marketing programs has diminished. Yet smart, effective condom programming doesn't have to be expensive or fully subsidized. This moderated, solution-focused discussion will shift the focus from large-scale, donor-funded condom social marketing programs to more targeted approaches. We'll look at emerging models of sustainable condom markets across the developing world and ways these models can be replicated. We'll examine how growing economies, new technologies and greater insi

Welcome

Welcome and scene setting

L.Ploumen, Labour Party, Netherlands

Why Condoms Still and Will Matter

B.Deperthes, UNFPA, United States

Our Current Approach is Failing

H.Van Renterghem, UNAIDS, Switzerland

New Models for Funding Condom Programming

C.Mann, Mann Global Health, United States

National Governments Can Open a New Chapter

National Governments Can Open a New Chapter

B.Haufiku, Ministry of Health, Namibia

Response from Youth and Civil Society

D.Nagel, Youth Against AIDS, Germany; D.Ogutu, African Sex Workers Alliance (ASWA), Kenya

Q&A Moderated by Co- Chairs

MOSA11 Getting to the first 95 for children and adolescents: Innovative approaches for pediatric case finding

Non-Commercial Satellite

Venue: Emerald Room

Time: 08:00-10:00

Organizer: JSI/AIDSFREE and Partners

Case finding among children and adolescents at risk for being HIV-positive remains low, especially in light of PEPFAR's ambitious 2018 target of initiating 280,000 more children on ART. Even in settings where pediatric testing services are readily available, data suggests that some pediatric clients are not accessing services in a timely manner. To reach children and adolescents living with HIV before severe illness or negative life events (e.g., death of a parent) lead them to a health facility and/or social protection services, it is imperative to identify and scale up effective case finding strategies. This satellite session, organized by the JSI-led AIDSFREE Project and featuring presentations from the AIDSFREE Project, the Biomedical Research and Training Institute (BRTI), and the Supporting Operational AIDS Research Project (Project SOAR), will focus on new approaches for improved HIV case finding for pediatric clients and offer participants recommendations on considerations for their own programs.

Introduction

R.Ferrand, London School of Hygiene and Tropical Medicine, United Kingdom; M.Srivastava, U.S. Agency for International Development, United States

Orphans and Vulnerable Children (OVC) HIV risk screening tool research study, AIDSFREE Project, Zimbabwe

S.Eagan, JSI Research & Training Institute, Inc. (JSI), United States; A.Mahomva, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Zimbabwe

Economic Incentives to increase uptake of HIV testing in older children and adolescents: Results of a randomized controlled trial, Harare, Zimbabwe

G.McHugh, Biomedical Research and Training Institute, Zimbabwe

Pediatric active case finding of HIV through facility and community-based testing strategies in Kenya: the PedAC Study.

A.Mwangi, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Kenya

Roundtable discussion

M.Levy, JSI Research & Training Institute, Inc. (JSI), United States; H.Cornman, John Snow Inc., United States

Panel and Q&A

R.Ferrand, London School of Hygiene and Tropical Medicine, United Kingdom; M.Srivastava, U.S. Agency for International Development, United States

MOSA20 Diagnostics for Impact

Commercial Satellite

Venue: G102-103

Time: 10:15-12:15

Organizer: Cepheid

Despite the progress that has been made in recent years in the fight against HIV/AIDS, there are still 1.8 million AIDS-related deaths and 2.7 million new infections every year. Access to HIV diagnostics to determine HIV infection is one of the major bottlenecks to timely treatment initiation in children and adults. Diagnostics for early infant diagnosis (EID) and viral load (VL) screening to monitor viral suppression have been historically offered using complex technologies, requiring test results to be sent away to central laboratories. Some HIV positive clients can wait for weeks or even months to receive test results, causing delays in treatment initiation.

Complementing conventional laboratory platforms with simplified technologies, like GeneXpert that can be used at lower levels of care, will help to close these gaps that currently lead to poorer health outcomes, higher treatment costs, and further spread of disease.

The availability of polyvalent near-care (NC) and point-of-care (POC) diagnostics platforms for TB, HIV, HCV and HPV testing capabilities provides the opportunity to integrate programs.

Target audience: Medical technicians/scientists, treating physicians, NGOs, policy makers and donors

Learning Outcomes:

Increased understanding of:

key challenges and opportunities for implementation of POC/near patient diagnostics for HIV EID and VL in resource limited settings

the impact of near patient testing using GeneXpert

Consolidation of diagnostics using a single platform

Economic and Public Health Impact Of Decentralised HIV Viral Load Testing in Kenya

M.De Necker, TCD Outcomes Research, South Africa

Point of care viral load testing to facilitate differentiated HIV care in South Africa

N.Garrett, CAPRISA, South Africa

Impact of early initiation of ART following in utero HIV infection

J.Millar, HIV Pathogenesis Programme, South Africa

Leveraging on GeneXpert's expanded assay menu for the integrated management of HIV/HCV/TB co-infections: field experience from MSF

E.Fajardo, Médecins Sans Frontières (MSF) Access Campaign, Switzerland

Detecting acute HIV infection in vulnerable populations: FRESH study

T.Ndung'u, KRITH UKZN, South Africa

MOSA23 Can frontier technologies accelerate impact in preventing HIV transmission?

Commercial Satellite

Venue: Emerald Room

Time: 10:15-12:15

Organizer: Abt Associates

Despite many previous interventions, long distance truck drivers (LTDs) continue to be vectors of the HIV epidemic in Sub-Saharan Africa. Recent studies in South Africa found LTDs to have a HIV prevalence of 56%, while female sex workers (FSWs) to have a 90.6% HIV prevalence rate.

Emerging frontier technologies such as blockchain, offer the potential to improve quality of care through protected and accessible medical records, protect human rights of PLHIV seeking HIV services, and through smart contracts, to improve the efficiency and targeting of donor funding.

The session will help explain blockchain and how it can be harnessed to improve programming to and enhance HIV service delivery and quality care for LTDs, FSWs, and all PLHIV. Participants will learn from panellists' experiences developing cross-sector partnerships, piloting blockchain solutions, identifying new opportunities to scale programming as well as risks and challenges.

Learn more and register here: <https://aids2018-blockchain.eventbrite.com>

Welcome

S.Hefter, Chief Marketing and Business Development Officer, Abt Associates, United States

Panel 1: Challenges Associated with Reaching Those Most in Need

L.Marks, Director of Private Sector Engagement for PEPFAR, U.S. Department of State, Office of the U.S. Global AIDS Coordinator and Health Diplomacy (S/GAC), United States; L.Weir, Partnerships Director, Abt Associates, United States; J.Thomason, Senior Global Advisor, Digital Transformations (moderator), Abt Associates, Australia; E.Mwai, Regional Director, East Africa, North Star Alliance, Kenya

Panel 2: Frontier Technologies for Persistent Challenges

I.Malhas, Founder and CEO, IrisGuard, United Kingdom; B.Belling, Change and Data Strategy Manager, North Star Alliance, Switzerland; J.Tanner, Blockchain Developer and Specialist, Jack and the Blockstalk, Australia; J.Thomason, Senior Global Advisor, Digital Transformations (moderator), Abt Associates, Australia; C.Tavernier, Chief Operating Officer, Gift Effect, United States

Q&A

MOSA12 Hormonal contraception and HIV risk at the crossroads: What do the latest research, advocacy and program developments mean for women, providers and programs?

Non-Commercial Satellite

Venue: Auditorium

Time: 10:15-12:15

Organizer: AVAC

In March 2017, the WHO reclassified progestogen-only injectable contraceptives including DMPA (also known as Depo) and NET-EN as MEC 2, the classification for methods for which the benefits outweigh the theoretical risks, emphasizing that women had a right to know about all of the risks and benefits associated with a method. This step reflected ongoing concern about the possibility that injectable progestogen-contraceptives increase women's risk of acquiring HIV. There are mixed data from observational studies, primarily focused on DMPA, with far less known about NET-EN or about the subcutaneous formulation of DMPA, branded as Sayana Press. An ongoing randomized controlled trial known as ECHO, scheduled to release data in 2019, is evaluating whether DMPA injections, the copper IUD and the contraceptive implant impact women's HIV risk. This session will provide updates on the array of moving pieces, including the research, programmatic and advocacy components, and their implications.

Welcome and Introduction to the session

M.Warren, AVAC, United States; B.Schlachter, , United States

Planning ahead for Family Planning 2020

B.Schlachter, , United States

Medical Eligibility Criteria for injectable contraceptives

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

ECHO trial update

H.Rees, , South Africa

Civil society engagement

Y.Raphael, APHA, South Africa

Panel discussion

Panel discussion

E.Bass, AVAC, United States; P.Steyn, Human Reproduction Team, WHO Department of Reproductive Health and Research, Switzerland; H.Rees, , South Africa; Y.Raphael, APHA, South Africa; L.Mworeko, International Community of women living with HIV Eastern Africa (ICWEA), Uganda; H.Watts, Office of the Global AIDS Coordinator, US Department of State, United States

Now what?

M.Warren, AVAC, United States; B.Schlachter, , United States

MOSA13 Catalyzing Thailand and regional initiatives and building bridges towards global compact to end HIV-related stigma and discrimination in healthcare settings

Non-Commercial Satellite

Venue: Elicium 2

Time: 10:15-12:15

Organizer: Thai Ministry of Public Health, UNAIDS and, U.S. CDC Thailand's Division of Global HIV/TB

HIV-related stigma and discrimination (S&D) remain critical barriers to achieve the 90-90-90 prevention and treatment targets and optimal health outcomes for PLHIV and key populations. Thailand is a regional pioneer in development and implementation of innovative system-wide S&D responses in health settings. The symposium is an opportunity to learn from Thailand's model on its adaptation of the global guidelines and measurement tools to national initiative; putting in place S&D monitoring systems, using evidence informed actions at health facilities with community engagement in design and implementation at all levels. Inter-country sharing and linkages with Vietnam will be highlighted. The last part of the session will build bridges to global action to attain "ZERO Discrimination in healthcare setting and beyond". That will enable fast track efforts to reach ZERO new infections and ZERO AIDS-Related Deaths and put the world on track to ending AIDS.

Thailand AIDS strategy articulates clear goals and target to reach zero discrimination by 2030.

D.Suntharajarn, Vice Minister, Ministry of Public Health, Thailand

USCDC/PEPFAR efforts on S&D reduction

D.Tomlinson, Director, Division of Global HIV & TB, CDC, United States

Setting the stage - From Theory to Actions

D.Nyblade, Senior S&D advisor, RTI International, Switzerland

Bridging S&D in healthcare settings towards 90-90-90 targets for ending AIDS

D.Wattanayingcharoenchai, Director-General, Department of Disease Control, Ministry of Public Health, Thailand

From evidence to actions

D.Siraprasasiri, Senior Advisor, Department of Disease Control, Ministry of Public Health, Thailand

Translating S&D reduction policy to practice at the frontline health facility

D.Hasuwannakit, Director, Jana Community Hospital, Thailand

Community engagement in S&D reduction programmes

M.Suwanphatthana, AIDS ACCESS Foundation, Thailand

Vietnam initiatives and lessons learned from its collaboration with Thailand

,S&D measures at the city level: the case of Ho Chi Minh

D.Thuy Do, Head of IEC Department, Vietnam Administration for AIDS Control, Vietnam

Together Against Stigma

A.PLHIV, NGO, Vietnam

The host country's commitment to end S&D in health care settings

L.Grijns, Ministry of Foreign Affairs, Netherlands; A.van Baar, Ministry of Foreign Affairs of the Government of the Netherlands, Netherlands

Agenda for Zero Discrimination in Health Care Settings,

Action Plan: 7 priorities, Confronting Discrimination report

L.Cabal, UNAIDS, Switzerland

The need for a Global Compact against S&D

C.Jervis, GNP+ (Global Network of People Living with HIV), Netherlands

Q&A

Closing remarks

T.Martineau, France

MOSA14 Time to focus: Doing things better and differently for key populations

Non-Commercial Satellite

Venue: Hall 10

Time: 10:15-12:15

Organizer: WHO Dr Rachel Baggaley

Outside East and southern Africa HIV epidemics continue to be concentrated among key populations (MSM, people in prisons, PWID, SW, transgender people). Despite significant numbers of new infections being reported in in populations where the overall incidence is low there is increasing evidence that these infections are occurring among people who have been previously part of KPs or have direct links to KP as current or former partners. KP epidemics are not static. In many countries epidemics are evolving to affect MSM in greater numbers, yet the response in many places has been inadequate. HIV and viral hepatitis prevalence remains significant among PWUD and patterns of drug use are changing. This satellite aims to re-focus efforts to provide effective HIV service for KP and to highlight particularly the potential of new community based prevention, testing and ART delivery approaches to reach more KP and provide a more effective HIV response.

Dedicating to Glenn Thomas

Opening remarks – Unitaid's commitments to maximizing the benefit of innovations for KP

T.Adhanom Ghebreyesus, World Health Organization (WHO), Switzerland; L.Marmora, Unitaid, Switzerland

Why a refocus on KP is needed, the changing HIV epidemics in all regions

Asia Key population re-focus

T.Brown, East-West Center, United States

Partner notification, HIV self-testing and social network testing

I.Mukui, Ministry of Health, Kenya

PrEP is not just a pill, but a comprehensive service for sex workers

Y.Pillay, National Department of Health, South Africa

Demedicalizing PrEP. How PrEP could be delivered outside of medical facilities to achieve a public health impact for MSM

S.McCormack, Medical Research Council Clinical Trials Unit at UCL, United Kingdom

Comprehensive services for transgender people

R.Janamnuaysook, Thai Red Cross AIDS Research Centre, Thailand

Opportunities for access to services in prison and beyond

J.Smith, Correctional Services Canada, Canada

The changing needs of people who use drugs: How can harm reduction best support people

M.Southwell, EuroNPUD, United Kingdom

Summary and discussion

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

MOSA15 Breaking barriers toward sustainability of AIDS response in Indonesia

Non-Commercial Satellite

Venue: Forum

Time: 10:15-12:15

Organizer: Indonesia AIDS Coalition - Ministry of Health - UNAIDS Indonesia

The session aims to share progress of Indonesia's response to HIV to end AIDS by 2030 and by demonstrating Indonesia's commitment toward achieving sustainability of AIDS response.

Session 1 : Current Situation & Challenges of HIV Control in Indonesia

Topics: a) Indonesia's epidemic situation: HIV is not yet over - we need to intensify our efforts to reach most at risk key populations; b) Challenges of Community-based response in Indonesia; c) Stigma, Discrimination & Legal Barriers to services; d) Transitioning toward sustainable Indonesia's HIV Response

Session 2: Innovations to Fast Tracking the HIV Response in Indonesia

Topics: a) Digital Application for Optimizing Key Population Mobile Testing; b) Empowering Young People to gain Access to Services through m-apps; c) Bringing HIV testing services closer through community-based screening; d) Breaking barriers through new-outreach model for FSW; e) Partner-Family ART Supporter: Initiative that Paved The Way for Partner Notification Strategy

Indonesia's epidemic situation: HIV is not yet over - we need to intensify our efforts to reach most at risk key populations

W.Waworuntu, Ministry of Health, Indonesia

Challenges of Community-based response in Indonesia

S.Hamonangan, Rumah Cema, Indonesia

Stigma, Discrimination & Legal Barriers to services

A.Larasati, Lembaga Bantuan Hukum Masyarakat, Indonesia

Transitioning toward sustainable Indonesia's HIV Response

D.Ali, BAPPENAS, Indonesia

Digital Application for Optimizing Key Population Mobile Testing

D.Human, LINKAGES, Indonesia

Empowering Young People to gain Access to Services through m-apps

M.Napitu, Fokus Muda, Indonesia

Bringing HIV testing services closer through community-based screening

T.Mihari, GWL-INA, Indonesia

Breaking barriers through new-outreach model for FSW

L.Andriana, OPSI, Indonesia

Partner-Family ART Supporter: Initiative that Paved The Way for Partner Notification Strategy

D.Juniar, Puskesmas Jatinegara, Indonesia

MOSA16 Ending the AIDS epidemic and achieving universal health coverage by 2030 in Africa

Non-Commercial Satellite

Venue: Elicium 1

Time: 10:15-12:15

Organizer: UNAIDS/Government of Kenya/WHO

The session is co-organized by Government of Kenya, UNAIDS and WHO, with the participation also from governmental representatives from Ghana and Rwanda, the civil society, the Global Fund to Fight Against AIDS, Tuberculosis and Malaria (GFATM), and the U.S. Agency for International Development (USAID), to feature a dialogue about the mutual reinforcement of ending the AIDS epidemic and achieving universal health coverage (UHC) by 2030 in Africa.

UHC has the potential to change the quality of lives of all people in Africa and serves as a critical input for sustainable development. The provision of an essential care package, including HIV, is critical for the achievement of UHC and ending the AIDS epidemic by 2030.

Welcome and Introductory Remarks

M.Sidibé, UNAIDS, Switzerland; R.Minghui, WHO, Switzerland

Keynote Address

S.Kariuki, Cabinet Secretary for Health, Kenya

Panel Discussion

S.Nsanzimana, National HIV Programme, Rwanda; A.Nsiah-Asare, Ghana Health Services, Ghana; O.Akanni, Journalists Against AIDS (JAAIDS), Nigeria; R.Minghui, WHO, Switzerland; P.Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; D.Stanton, USAID, United States

Question and Answers from Audience

Closing Remarks

M.Dybul, Georgetown University Medical Center, United States

MOSA17 Building bridges with businesses: The Asian way

Non-Commercial Satellite

Venue: Hall 11A

Time: 10:15-12:15

Organizer: Malaysian AIDS Foundation & PETRONAS

The business community is greatly responsible to prevent and protect their workers from HIV/AIDS-related problems, stigma and discrimination. This symposium is a showcase of countries in Asia working together in a high-level platform for implementation of safe HIV/AIDS at workplace policy in businesses. Best practices in businesses from various countries in Asia and the challenges raised will be highlighted.

The symposium also aims to discuss financial sustainability in national HIV/AIDS programs in Asia. With international funding becoming increasingly difficult, innovative ways in which public-private partnerships can be called upon will be discussed.

Welcome remarks & introduction of speakers

A.Kamarulzaman, Chairman of Malaysian AIDS Foundation & Dean of Faculty of Medicine, University of Malaya, Malaysia

Session theme: Workplace policies and laws.Presentation title: Balancing HIV policy and philanthropy in Malaysia

B.Talhah, President of Malaysian AIDS Council & Chairman of Malaysian Business Consortium on HIV/AIDS (MBCH), Malaysia

Session theme: Workplace policies and laws.Presentation title: HIV and AIDS workplace policy at the enterprise level: The ILO's experience in Asia

A.Syed Mohammad, Senior Technical Specialist, Head of Communication, Training and Partnerships, Gender Equality and Diversity and ILOAIDS Branch, WORKQUALITY Department, International Labour Organization (ILO), Switzerland

Session theme: Workplace policies and laws.Presentation title: A watershed moment in the Malaysian corporate sector through the establishment of a comprehensive HIV/AIDS at workplace policy

K.R. Supramaniam, Head of Occupational Health, Group Health, Safety, Security & Environment, PETRONAS, Malaysia

Session theme: Workplace policies and laws.Presentation title: Legislating HIV/AIDS workplace protection policy

A.Fitri, Director of Occupational Health Division, Department of Occupational Safety and Health (DOSH), Ministry of Human Resource Malaysia, Malaysia

Session theme: Role of businesses in financial sustainability of national HIV/AIDS programme.Presentation title: Increased need for domestic funding, why it's important and current trends in SHIFT countries

J.Pang, International Program Manager, Australian Federation of AIDS Organisations (AFAO), Australia

Session theme: Role of businesses in financial sustainability of national HIV/AIDS programme.Presentation title: Public-private partnerships

J.Fairhurst, Head of Private Sector Engagement, The Global Fund, Switzerland

Session theme: Role of businesses in financial sustainability of national HIV/AIDS programme.Presentation title: Public-private partnerships in Malaysia

A.Suleiman, Consultant Public Health Physician & Communicable Disease Epidemiologist, Head of HIV/STI/Hepatitis C Sector, Disease Control Division, Ministry of Health Malaysia, Malaysia

Session theme: Role of businesses in financial sustainability of national HIV/AIDS programme. Presentation title: Efforts to engage the private sector for funding HIV programs in Thailand
R.Jommaroeng, SHIFT Program Manager, Thai National AIDS Foundation (TNAF), Thailand

MOSA18 Accelerating the development and uptake of the most needed drug formulations for children

Non-Commercial Satellite

Venue: Hall 11B

Time: 10:15-12:15

Organizer: Global Accelerator for Paediatric Formulations (GAP-f - www.gap-f.org)

Limited treatment options and sub-optimal formulations contribute to poor adherence and outcomes for children living with HIV and other diseases that affect the lives of children living in resource-limited settings.

The Global Accelerator for Paediatric Formulations (GAP-f) aims to promote a faster, more efficient and more focused approach to paediatric formulation development.

This session will present key principles for acceleration – and how these are brought together by the GAP-f – for different areas of the continuum, with a focus on: (1) prioritization and clinical research of priority formulations, (2) development and regulatory approval of paediatric drug formulations, and (3) uptake and procurement of optimal formulations for children. Panels will discuss (1) the value and opportunities for an integrated approach to paediatric medicines and (2) the business case and innovative funding. The session will end with an overview of what to watch in paediatric drug optimization.

Welcome

S.Morin, International AIDS Society, Switzerland

Introduction: How can we accelerate the development and uptake of the most needed drug formulations for children?

C.Lyons, Elizabeth Glaser Pediatric AIDS Foundation, United States; L.Bekker, Desmond Tutu HIV Centre, South Africa; D.Birx, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), United States

Lived experience testimony: What non optimal paediatric drug formulations meant to me

S.Kyomukama Nalugo, Stigmaless Uganda, Uganda

Acceleration part 1: Prioritization and clinical research of priority formulations

E.Abrams, ICAP at Columbia University, United States; C.Giaquinto, PENTA-Id Network, Italy

Acceleration part 2: Development and regulatory approval of paediatric drug formulations

M.Watkins, Clinton Health Access Initiative, United States; F.Pascual, Medicines Patent Pool, Spain

Acceleration part 3: Uptake and procurement of optimal formulations for children

N.Sugandhi, ICAP at Colombia University, United States; J.Cohn, Elizabeth Glaser Pediatric AIDS Foundation, Switzerland

Q&A

S.Morin, International AIDS Society, Switzerland; S.Kyomukama Nalugo, Stigmaless Uganda, Uganda; E.Abrams, ICAP at Columbia University, United States; C.Giaquinto, PENTA-Id Network, Italy; M.Watkins, Clinton Health Access Initiative, United States; F.Pascual, Medicines Patent Pool, Spain; N.Sugandhi, ICAP at Colombia University, United States; J.Cohn, Elizabeth Glaser Pediatric AIDS Foundation, Switzerland

Bringing it all together: The Global Accelerator for Paediatric Formulations (GAP-f)

M.Penazzato, World Health Organization (WHO), Switzerland; P.Domanico, Clinton Health Access Initiative, United States

Panel discussion: Moving beyond HIV and planning the next steps

M.Penazzato, World Health Organization (WHO), Switzerland; P.Domanico, Clinton Health Access Initiative, United States; W.Kaszubska, Medicines for Malaria Venture, Switzerland; I.Andrieux-Meyer, Drugs for Neglected Diseases initiative, Switzerland; G.Siberry, US Department of State, United States; R.Matiru, UNITAID, Switzerland; T.Barker, Children's Investment Fund Foundation, United Kingdom

Summary and what to watch in paediatric drug optimization

R.Matiru, UNITAID, Switzerland; G.Hirnschall, World Health Organization (WHO), Switzerland

MOSA19 A renewed 'call to action' on SRHR-HIV linkages: Advancing towards universal health coverage

Non-Commercial Satellite

Venue: E105-108

Time: 10:15-12:15

Organizer: UNFPA, WHO, World Bank, UNAIDS

This high-level panel will examine current progress in linking sexual and reproductive health and rights (SRHR) with HIV – looking at community engagement, policy coordination, systems strengthening and service delivery aspects. The panel will present on a series of underlying principles shaping a renewed Call to Action for continued and expanded focus on SRHR-HIV linkages. Linking SRHR and HIV is an important contributory strategy for reaching SDG 3: "Good health and wellbeing", and associated Target 3.8: "Achieving universal health coverage", particularly for young people, and people living with and affected by HIV. The panel will present national, civil society, donor and development partner perspectives. The Satellite will highlight how linking HIV with broader SRHR programmes is a key approach for reaching the overarching goal of eliminating AIDS as a public health threat by 2030.

Welcome and introductions

M.Narasimhan, World Health Organization (WHO), Switzerland; T.Sladden, UNFPA, Australia; T.Sladden, UNFPA, United States

Opening remarks on SRHR-HIV Linkages

N.Kanem, UNFPA, United States

The importance of multi-sectoral partnerships (Principle 7)

M.Sidibé, UNAIDS, Switzerland

Ceremonial launch of the "Call to Action" for renewed effort to achieve SRHR-HIV linkages

H.Geingos, First Lady, Namibia

Discussant reflections: panel discussion

B.Martinez, Brazil; B.Haufiku, Ministry of Health, Namibia; F.Anam, The International Community of Women Living with HIV, Kenya; A.Nordström, Ministry of Foreign Affairs, Sweden; S.Swaminathan, World Health Organization, Switzerland; C.Watts, DFID, United Kingdom; I.McFarlane, UNFPA, Turkey; L.Ferguson, Program on Global Health and Human Rights, Institute for Global Health, University of Southern California, United States

Impact evaluation of efficiency gains through Zimbabwe SRHR-HIV linkages

T.Magure, National AIDS Council, Zimbabwe

Open discussion

K.Osborne, International AIDS Society (IAS), Switzerland

Closing remarks

S.Seydoux, Ministry of Foreign Affairs, France; S.Swaminathan, World Health Organization, Switzerland

MOSA21 Research to guide practice: Enhancing HIV/AIDS platform to address non-communicable diseases in sub-Saharan Africa

Non-Commercial Satellite

Venue: G104-105

Time: 10:15-12:15

Organizer: Linda Kupfer, NIH/FIC

Remarkable progress made in confronting the global HIV epidemic offers a unique opportunity to address the increasing threat of non-communicable diseases (NCDs) in people living with HIV (PLHIV), especially as they age. Using a consensus process and contextual reviews to assess current evidence and experience, we will present the current evidence, gaps in knowledge and recommended research questions which, if addressed, can lead to effective integrated HIV/NCD care for PLHIV and eventually, can be scaled up to address other chronic diseases for the entire population. Two panels will give insight into how adapting and enhancing health system components, such as policy, supply chain, economics and partnerships could achieve sustainable integrated care. The panels will also present current models of integrated chronic care and prevention and highlight what research is needed for implementation and scale up to be successful.

Building on the HIV platform: Tackling the challenge of non-communicable diseases among persons living with HIV

W.El-Sadr, ICAP at Columbia University, United States

Models of integration of HIV and non-communicable disease care in Sub-Saharan Africa: Lessons learned and evidence gaps (Panel 1)

S.Pastakia, Academic model Providing Access to Healthcare (AMPATH), United States

Integrating cardiovascular disease risk factor screening into HIV services in Swaziland: Lessons from an implementation science study (Panel 1)

M.Rabkin, Columbia University Mailman School of Public Health, United States

Integrating lessons learned from HIV to build reliable supply chain systems for non-communicable disease commodities (Panel 1)

R.Ferris, USAID, United States

Opportunities and challenges for evidence-informed HIV/NCD integrated care policies and programs: Lessons from Malawi, South Africa, Swaziland, and Kenya (Panel 1)

B.Mwagomba, Kamuzu Central Hospital, Lighthouse, Malawi

Costs and cost-effectiveness of HIV/NCD integration in Africa: From theory to practice (Panel 1)

R.Barnabas, University of Washington, United States

Moderated Discussion - Wafaa El Sadr Moderator - Panel 1 Speakers

Non-communicable Diseases among HIV-infected persons in low- and middle-income countries: A systematic review and meta-analysis (Panel 2)

P.Patel, Centers for Disease Control and Prevention, United States

From HIV Prevention to non-communicable disease health promotion efforts in sub-Saharan Africa: A narrative review (Panel 2)

G.Yonga, University of Nairobi, Kenya

Implementation science for integration of HIV and non-communicable disease services in sub-Saharan Africa: A systematic review (Panel 2)

C.Kemp, University of Washington, United States

Building on the HIV chronic care platform to address non-communicable diseases in Sub-Saharan Africa: A research agenda (Panel 2)

L.Kupfer, US National Institutes of Health, United States

Global partnerships to support NCD care in LMICs: Lessons from HIV/AIDS (Panel 2)

D.Von Zinkernagel, UNAIDS, Switzerland

Moderated Discussion - Eric Goosby, Moderator -- Panel 2 Speakers

MOSA22 Innovative multi-level HIV interventions with key populations in Kazakhstan and Central Asia: From efficacy to implementation research

Non-Commercial Satellite

Venue: E102

Time: 10:15-12:15

Organizer: Global Health Research Center of Central Asia

This symposium highlights the work of the Global Health Research Center of Central Asia (GHRCCA), presenting a number of multi-level evidence-based HIV interventions conducted among key populations in Kazakhstan in Central Asia. These include: 1) Project Renaissance, a couple-based intervention to reduce HIV risks and overdose; 2) Project Nova, a combination HIV prevention and microfinance intervention for sex workers to reduce sexual and drug-related risks for HIV and STIs; 3) UNI Project, a multi-site study designed to increase the number of men who have sex with men (MSM) and other sexual minority men engaged in the HIV care continuum; and 4) Project Bridge, a multisite study on integration of harm reduction and HIV services and differentiation of care to improve the HIV treatment cascade among PWID. The symposium participants will discuss the success of these interventions from efficacy to implementation and lessons learned in over ten years of GHRCCA's work in the region.

Introduction: Scope of the HIV epidemic in Central Asia

A randomized controlled trial of a couple-based HIV and overdose prevention intervention for PWID in Kazakhstan: Project Renaissance

L.Gilbert, Columbia University School of Social Work, United States

A randomized controlled trial of a combination microfinance and HIV prevention intervention for FSW who use drugs in Kazakhstan: Project Nova

A.Terlikbayeva, Global Health Research Center of Central Asia, Kazakhstan

Differentiation of HIV services for PWID in harm reduction programs in three cities in Kazakhstan: Project Bridge

N.El-Bassel, Columbia University, United States

Using social media and social networks to increase access to HIV care among MSM in three cities in Kazakhstan: Project UNI

E.Wu, Columbia University School of Social Work, United States

The process of contextually adapting evidence-based HIV interventions to meet the needs of key populations in Kazakhstan: examples from Nova and Bridge

T.McCrimmon, Columbia University, United States

Innovative strategies to implement and sustain evidence-based multi-level HIV interventions: examples from Renaissance and Bridge

T.Hunt, Columbia University, United States

MOSA33 The Panther system: Real solutions for the scale up of HIV viral load monitoring in resource-limited settings

Commercial Satellite

Venue: G104-105

Time: 12:30-14:30

Organizer: Hologic. Inc

Harnessing big-lab, high-throughput technology within a small footprint, HIV testing on the Panther system provides the right balance of performance, adaptability and efficiency to help reach the 90/90/90 goals. This fully automated, easy-to-use technology helps ensure that labs and lab operators are equipped to meet growing testing demands. It is adaptable to a wide variety of samples types including dried blood spots (DBS) for viral load and early infant diagnosis and has high performance compared to competing next-generation technologies, even at low viral loads. In this symposium, speakers will review HIV epidemiology, clinical management and testing in resource-limited settings. Suitable for clinicians, laboratory directors, public health experts, scientists, clinical support staff, community advocates.

Epidemiology of HIV resistance in sub-Saharan Africa

K.Sigaloff, VU University Medical Center (VUmc), Netherlands

Early Infant Diagnosis and Viral Load Monitoring Using DBS on Panther

M.Mwau, Kenya Medical Research Institute (KEMRI), Kenya

Precision of The Aptima HIV-1 Quant Dx Assay in a Low Viremic Setting

F. Wiesmann, Praxen Zentrum Blondelstrasse (PZB), Germany

MOSA25 Leadership for HIV primary prevention: the Global HIV Prevention Coalition

Non-Commercial Satellite

Venue: Elicium 2

Time: 12:30-14:30

Organizer: Global HIV Prevention Coalition

On 10 October 2017, as part of global efforts to end AIDS as a public health threat, UNAIDS, UNFPA and partners launched the Global HIV Prevention Coalition & Road Map 2020, to strengthen and sustain political commitment for HIV primary prevention, and to establish accountability for delivering prevention services at scale.

In this session, HIV prevention leaders will make the case for HIV Prevention Leadership, present progress with road map implementation and towards achieving prevention targets and address sensitive issues regarding required policy change and HIV prevention financing.

Opening and welcome

M.Malan, Bhekisisa, South Africa

Setting the Scene: Global HIV Prevention Road Map Commitments and Milestones

M.Malan, Bhekisisa, South Africa

Introduction statement:

Realising the challenge: Why we need a Global HIV Prevention Coalition

M.Sidibé, UNAIDS, Switzerland

Introduction statement: Taking action: Have we made progress since the coalition launch?

N.Kanem, UNFPA, United States

In action: HIV prevention progress and challenges

A.Motsoaledi, National Department of Health, South Africa

In action: HIV prevention progress and challenges

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

In action: HIV prevention progress and challenges

M.Luba, AVAC / COMPASS, Malawi

In action: HIV prevention progress and challenges

A.Klepikov, Alliance for Public Health, Ukraine

In action: HIV prevention progress and challenges

R.Baruch, IPPF Western Hemisphere Region, Mexico

Questions from the floor

M.Malan, Bhekisisa, South Africa

What will it take? Adequate investments into HIV prevention

P.Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

What will it take? Strengthening prevention programmes in coalition countries

D.Birx, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), United States

What will it take? Strengthening prevention programmes in coalition countries

A.Nordström, Ministry of Foreign Affairs, Sweden

What will it take? Strengthening prevention programmes in coalition countries

A.Bermejo, International Planned Parenthood Federation (IPPF), United Kingdom

Questions from the floor

M.Malan, Bhekisisa, South Africa

Way forward

S.Tlou, Co-Chair Global HIV Prevention Coalition, Botswana

Closing statement 1

M.Sidibé, UNAIDS, Switzerland

Closing statement 2

N.Kanem, UNFPA, United States

MOSA26 What's new in WHO Treatment guidelines: the role of DTG in first- and second-line and new directions in early infant diagnosis

Non-Commercial Satellite

Venue: Hall 10

Time: 12:30-14:30

Organizer: WHO

In this Satellite, WHO will present highlights from recent updates to the Consolidated ARV guidelines. New directions on the role of dolutegravir (DTG) based regimens in first and second line treatment, and in post-exposure prophylaxis (PEP), as well as, directions to improve early infant diagnosis will be presented.

Country approaches to the implementation of dolutegravir transition and data needs to help better understand the signal of neural tube defect (NTD) risk will be explored. A panel with representation from Ministries of Health, researchers, implementers and civil society will review the implications of these new directions for HIV treatment programmes.

This session will be of interest to programme managers, researchers, implementers, clinicians and civil society.

Lunch will be served prior to the satellite

Welcome by co-chairs

Opening remarks from WHO Deputy Director General for Programmes

S.Swaminathan, World Health Organization, Switzerland

Directions from the WHO guidelines: the role of DTG for treating and preventing HIV infection early infant diagnosis

The role of DTG based regimens in first- and second-line HIV treatment and PEP – new directions and approaches for use

M.Doherty, World Health Organization, Switzerland

What we know about the signal of risk of neural tube defects with DTG use at conception

L.Mofenson, Elizabeth Glaser Pediatric AIDS Foundation, United States

Opportunities for the use of new ARVs for infants, children and adolescents and updated guidance on early infant diagnosis (NAT)

M.Penazzato, World Health Organization (WHO), Switzerland

Q&A

Panel Discussion:

Implementation of DTG in light of WHO new directions and the signal of risk for NTD - How to scale up treatment, respect client choice and monitor for risk

Views from Botswana's Country Programme

T.Gaolathe, BCCP and Harvard-Botswana AIDS Initiative, Botswana

Views from women seeking HIV treatment

F.Anam, The International Community of Women Living with HIV, Kenya

PEPFAR - a driver of the DTG transition in high burden countries

G.Siberry, US Department of State, United States

The Global Fund – supporting ARV procurement around the globe

S.Kunii, Global Fund, Switzerland

Views from Brazil's Country Programme

A.Benzaken, Ministry of Health, Brazil

Views from clients from different epidemics

M.Choo, KLASS, Malaysia

Views from Kenya's Country Programme

E.Muthoni, Kenya Ministry of Health, Kenya

Innovators of new medicines and diagnostics

C.Perez-Casas, UNITAID, Switzerland

Q&A

Closing remarks

G.Hirschall, World Health Organization (WHO), Switzerland

MOSA27 Medical care for criminalised populations: scalable or doomed?

Non-Commercial Satellite

Venue: Forum

Time: 12:30-14:30

Organizer: Médecins sans Frontières and Médecins du Monde

The HIV epidemic has continuously disproportionately affected key populations and their sexual partners. In 2016, 80% of new HIV infections outside of sub-Saharan Africa, and 25% in sub-Saharan Africa, concerned gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people who are imprisoned or subject to other forms of incarceration. Global recommendations highlight the importance of a dedicated response to those groups. Yet, in most contexts these populations are considered to be criminalised by laws.

Beyond global recommendations and good-will declarations, Médecins sans frontières and Médecins du monde invite IAS participants to discuss concrete solutions to fulfil key populations right to health, and progress toward the end of HIV. The symposium will include program showcases, experience sharing and a high level panel discussion on structural issues and critical enablers for key populations health-programming.

Welcome and opening

M.Kazatchkine, The Graduate Institute of International and Development Studies, Switzerland

Building Peer led SW & MSM programmes in MSF HIV/TB projects: Experience from MSF program in Malawi and Mozambique

L.O'Connell, MSF, South Africa

Community based Harm Reduction to fight high HIV prevalence among drug users in the north of Myanmar

J.Asem, MDM, India

Five pillars of medical care for people who inject drugs

S.Sharmin, MSF, India

Health promotion and violence prevention among Sex workers in Moscow

S.Tsukanova, MDM, Russian Federation; N.Volkova, MDM, Russian Federation

PART II: Panel discussion and debate

T.Ellman, Médecins Sans Frontières (MSF), South Africa; A.Verster, WHO, Netherlands; M.Middelhoff, Dutch Ministry of Foreign Affairs, Netherlands; J.Chang, International Network of People Who Use Drugs (INPUD), United Kingdom; K.Buthelezi, SWEAT, South Africa; J.Mathenge, Health Option for Young Men on HIV/AIDS/STIs, Kenya

Closing Remarks

E.Wisse, MDM, Netherlands

MOSA30 Diagnose, treat, innovate: A paradigm shift for ending paediatric AIDS

Non-Commercial Satellite

Venue: Hall 11B

Time: 12:30-14:30

Organizer: African Society for Laboratory Medicine (ASLM), Clinton Health Access Initiative (CHAI), Drugs for Neglected Diseases Initiative (DNDi), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), United Nations Children's Fund (UNICEF),

Unitaid

This session highlights game-changing innovations for paediatric HIV diagnosis, novel treatment formulations and monitoring; discusses evidence supporting scale-up, and describes opportunities and barriers to access to these innovations that complement the role of PMTCT programs. In diagnosis, we highlight the role of point-of-care (POC) early infant diagnosis (EID) to enhance case finding by improving access to EID in high-yield entry points, increase the proportion of infants receiving timely diagnosis and linkage to treatment. In treatment, we share experiences of new child-friendly formulations that are being rolled out and highlight optimal formulations in late stage development that will improve clinical outcomes. The session also discusses the potential role of targeted POC viral load monitoring, for pregnant and breastfeeding women, to better identify infants at high risk of infection and target prevention efforts. Finally, the session will showcase experiences from Cameroon, Kenya and Zimbabwe, where these innovative solutions are being implemented.

Welcome remarks and Introduction

S.de Lussigny, Unitaid, Switzerland; N.Ndlovu, ASLM, Ethiopia

Diagnosis – Innovations to meet the first 90

R.Bailey, Elizabeth Glaser Pediatric AIDS Foundation, Switzerland; T.Peter, CHAI, United States

Treatment - New child-friendly formulations to meet the second 90

D.Musiime, Makerere University, Uganda

Panel Discussion - Optimizing POC and treatment to reach all three '90s' including viral load suppression

R.Simbi, Ministry of Health and Child Care, Zimbabwe; P.Wamalwa, Kenyatta Hospital/ University of Nairobi, Kenya; M.Murenga, Lean on Me Foundation., Kenya; P.Tchendjou, Elizabeth Glaser Pediatric AIDS Foundation, Cameroon; D.Modi, CDC, United States

Question & Answer - Open questions from the floor to speakers and panelists

Closing statements

S.Essajee, WHO, Switzerland; S.George, PEPFAR, United States

MOSA31 Results and successes of the Global Fund Africa regional HIV grant: Removing legal barriers

Non-Commercial Satellite

Venue: E105-108

Time: 12:30-14:30

Organizer: UNDP

The Africa Regional Grant on HIV: Removing Legal Barriers aims to address human rights barriers faced by vulnerable communities in Africa, and facilitate access to lifesaving health care. The grant covers 10 countries, including Botswana, Côte d'Ivoire, Kenya, Malawi, Nigeria, Senegal, the Seychelles, Tanzania, Uganda and Zambia. The programme is supported through a three-year grant by the Global Fund to Fight AIDS, Tuberculosis and Malaria. UNDP is the Principal Recipient of the grant and implements in collaboration with four African civil society organizations - the AIDS and Rights Alliance for Southern Africa (ARASA), ENDA Santé, KELIN, and the Southern Africa Litigation Centre (SALC) - with recognized expertise in documenting human rights violations, strategic litigation, advocacy and capacity-strengthening. This satellite will look at the following:

- To highlight the emerging results and successes of the grant
- To share lessons learnt on the regional multi country

Opening remarks

A.Saha, UNDP, Turkey

Baseline/endline evaluation highlights of the grant

P.Ferguson, USC, United States

Impact of the Africa Key Populations Experts Group on national capacities for HIV/TB and human rights programming

R.Nathanson, KPEG, Zimbabwe

Best practices of national level follow up to Regional Capacity Strengthening Trainings – Integrating human rights into NSP

D.Falola-Anoemuah, NAC, Nigeria

Linking the Africa Regional Judges Forum experience to redress of human rights violations of Key Populations

H.Ntaba, Judiciary, Malawi

Regional Grant approach to strengthening legal and policy environment for HIV/TB response in Africa, specifically through strategic litigation

A.Raw, Southern Africa Litigation Centre, South Africa

MOSA34 HIV prevention for women

Non-Commercial Satellite

Venue: E102

Time: 12:30-14:30

Organizer: HIV Prevention Trials Network (HPTN)

For more than 30 years, the global HIV epidemic has affected families, communities and countries alike. Women of all ages account for nearly half of the 36 million people living with HIV (PLHIV) worldwide. In sub-Saharan Africa, more than 60 percent of all PLHIV are women, and this population continues to rise rapidly. Young women in southern Africa between ages 14 to 24 are at highest risk of and most vulnerable to HIV infection. Prevention of HIV infection among women is an urgent global priority and the HPTN is leading a vibrant research agenda evaluating ways to protect women worldwide from the disease. Presentations will focus on studies conducted in HIV infected and uninfected women to evaluate interventions that may prevent HIV infection.

Oral pre-exposure prophylaxis (PrEP) for prevention

C.Celum, MD, MPH, HPTN, United States

Acceptability of an HIV prevention package among young people

K.Shanaube, MD, PhD, HPTN, Zambia

Structural and social factors that contribute to increased vulnerability to HIV

A.Pettifor, PhD, MPH, HPTN, United States

Long-acting injectables (LAIs) for PrEP

S.Delany-Moretlwe, HPTN, South Africa

MOSA35 Getting to 90: Addressing inequalities in the HIV continuum of care in Europe and Central Asia

Non-Commercial Satellite

Venue: Emerald Room

Time: 12:30-14:30

Organizer: European AIDS Clinical Society (EACS) and European Centre for Disease Prevention and Control (ECDC)

Although HIV incidence is increasing in the wider European region as a whole, there are large differences in epidemiology between Western, Central and Eastern Europe. Likewise, while some countries within the region have been successful in meeting and surpassing the 90-90-90 targets, others are facing huge challenges and lagging behind. Success in meeting the 90-90-90 targets necessitates a coordinated response across community, public health and clinical sectors. The objective of this satellite symposium would be to identify facilitators and barriers to achieving the targets, and promoting collaboration between countries at the opposite spectrum of the HIV response as well as between public health, clinical and community sectors in addressing these barriers.

Introduction

F.Mulcahy, St James's Hospital - European AIDS Clinical Society, Ireland; A.Pharris, European Centre for Disease Prevention and Control, Sweden

Overview of the HIV continuum of care in Europe and Central Asia

T.Noori, European Centre For Disease Prevention and Control, Sweden

Addressing the first 90: How can HIV testing more efficiently reach those in need to promote early diagnosis?

D.Simões, HIV in Europe, Portugal

Addressing the second 90: How can treatment scale-up across the European region be accelerated?

J.Lundgren, Rigshospitalet, University of Copenhagen - European AIDS Clinical Society, Denmark

Addressing the third 90: Improving clinical outcomes and retention in care

C.Orkin, Royal London Hospital - BHIVA, United Kingdom

Open Floor: Questions and comments to presenters

Panel: Facilitators and barriers to achieving the 90-90-90 targets in Europe and Central Asia

N.Dedes, Athens Checkpoint, Greece; V.Delpech, Public Health England (PHE), United Kingdom; A.Pokrovskaya, Central Scientific Research Institute of Epidemiology, Russian Federal AIDS Centre, Russian Federation; J.Rockstroh, University of Bonn, Germany; M.Rosińska, National Institute of Public Health - National Institute of Hygiene, Poland; O.Varetska, Alliance for Public Health, Ukraine

Conclusions and wrapping-ups

MOSA28 Frontiers in generic and low-cost ARVs in high-, middle-, and low- income countries: Four provocative questions

Major Industry Sponsor Satellite

Venue: Elicium 1

Time: 12:30-14:30

Organizer: Anton Pozniak, United Kingdom

The use of low-cost and generic ARVs in high-income countries has been limited. In contrast, in low- and lower-middle-income countries (LICs/LMICs) generic ARVs have helped put millions on treatment.

Now, many generics are becoming available in the U.S. and Europe. In LICs/LMICs a low-cost, "universal" regimen is being discussed. Upper-middle income countries (UMICs) face reduced support from donors, as they struggle with budgetary constraints.

Must (and which) trade-offs be made between cost, clinical benefits, patient choice, equity, and program priorities? Issues of ARV-pricing, health-budgets, insurance coverage and barriers to scale-up will be considered.

Welcome and Opening Remarks

A.Pozniak, Chelsea and Westminster Hospital NHS Trust, United Kingdom

The role of low-cost ARVs in the US health care system, Question: Is the US ready and well-positioned to take advantage of generic and low-cost ARVs?

T.Horn, Treatment Action Group, United States; D.Daskalakis, New York City Department of Health and Mental Hygiene, United States

Optimal uses of low-cost ARVs in Western Europe, Question: With the launch of multiple generic treatments, coupled with the availability of generic PrEP in many Western European countries, are we now set to take control of the epidemic?

L.Waters, CNWL's Mortimer Market Centre, United Kingdom; N.Dedes, Athens Checkpoint, Greece; M.Stoll, Medical School Hannover, Germany

Challenges and opportunities in the low-income setting, Question: We had all agreed: DTG for everyone. Now, in light of the new data recently raised, how should programs manage DTG going forwards?

F.Venter, University of Witwatersrand, South Africa; I.Mukui, Ministry of Health, Kenya; C.Banya, International Community of Women Living with HIV (ICW), Malawi

Making sure middle-income countries are not left behind, Question: For many upper middle-income countries, Global Fund support is being phased out, and across the board MICs are facing high prices and patent barriers. Are MICs being left behind?

B.Grinsztejn, Instituto de Pesquisa Clinica Evandro Chagas-Fiocruz, Brazil; S.Golovin, International Treatment Preparedness Coalition (ITPC), Russian Federation; M.Han, National Center for AIDS/STD Control and Prevention under the Chinese Center for Disease Control and Prevention, China

Closing remarks

MOSA36 Taking HIV self-testing to scale in southern Africa: Lessons learned from the STAR Initiative

Non-Commercial Satellite

Venue: Auditorium

Time: 14:45-16:45

Organizer: PSI/STAR Initiative/Unitaid/WHO

Tremendous efforts have been made to close the "HIV testing gap" in southern Africa, with an estimated 76% of people living with HIV (PLHIV) aware of their status in 2016. Despite such progress it has become more challenging to reach the remaining undiagnosed PLHIV and achieve the UN "95 95 95" targets by 2030. HIV self-testing (HIVST) can be cost-effective, as it offers complementary coverage and novel low-cost out-of-clinic strategies. The Unitaid-funded HIV Self-Testing Africa (STAR) Initiative is a five-year project to catalyze the scale-up of HIVST. In the first two years, countries went from hosting demonstration projects to wide-scale distribution of over 1 million tests using several distribution models. HIVST had a transformative effect on the testing landscape and considerably increased knowledge of HIV status among those hardest to reach. This satellite will look back at the first years of implementation and explore how the Initiative has shaped the market by building the public health evidence.

HIV self-testing photo loop

Welcome Remarks and Introductions

Y.Pillay, National Department of Health, South Africa

From Vision to Reality: Developing a Market for HIV Self-Testing

R.Matiru, UNITAID, Switzerland

Does community-based HIVST increase coverage of HIV testing and uptake of ART, and at what cost? Insights from randomised trials in Malawi, Zambia and Zimbabwe

E.Sibanda, Centre for Sexual Health and HIV/AIDS Research, Zimbabwe

Lessons learned from implementation and scale-up of HIV self-testing services for female sex workers in Zimbabwe and Malawi.

S.Napierala, , United States

Exploring potential social harms, Learning from cognitive interviews with HIVST users: Zimbabwe and Malawi

F.Cowan, Liverpool School of Tropical Medicine/Centre for Sexual Health and HIV/AIDS Research Zimbabwe, United Kingdom

Questions and Answers from the Audience

Panel Discussion: Effective HIVST Delivery to Reach Global HIV Treatment and Prevention Goals. Lessons Learned. Panel Discussion with Country Leadership

Panel Discussion: Effective HIVST Delivery to Reach Global HIV Treatment and Prevention Goals. Lessons Learned. Panel Discussion with Country Leadership

T.Chidarikire, National Department of Health, South Africa; Y.Pillay, National Department of Health, South Africa; T.Chisenga, , Zambia; L.Dube, , Swaziland; R.Nyirenda, Ministry of Health, Malawi; G.Ncube, Ministry of Health and Child Care, Zimbabwe; M.Thomola, , Lesotho

MOSA38 Harm reduction for people who inject drugs in Europe: Findings from European Joint Action HA-REACT

Non-Commercial Satellite

Venue: Hall 10

Time: 14:45-16:45

Organizer: EU Health Programme 2014-2020 - European Joint Action HA-REACT

People who inject drugs (PWID) are at exceptionally high risk of contracting HIV and viral hepatitis. The European Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT) addresses gaps in the prevention of HIV and other co-infections in the European Union. This session will focus on harm reduction services in Europe for PWID, presenting new findings and good practices from this major European project. Good practices include e.g. tailored low threshold services for women who use drugs, harm reduction for prisoners, and mobile unit outreach work. Barriers of access to prevention and treatment services, as well as integration of care for PWID will be discussed in the session.

Session objectives are to disseminate information on findings of the HA-REACT Joint Action and to provoke discussion with other Health Programme activities on challenges and good practices of prevention of HIV and co-infections and integration of care for PWID.

Opening of the Satellite

M.Salminen, National Institute for Health and Welfare, Finland; J.Sion, European Commission,, Luxembourg

EU Policy framework, presenting the Staff Working Document 2018

J.Sion, European Commission,, Luxembourg

HIV/HCV testing within low-threshold services for women who use drugs – barriers and recommendations

A.Gurinova, Deutsche AIDS-Hilfe, Germany

Harm reduction services in prisons: gaps, challenges and good practice examples

H.Stöver, Frankfurt University of Applied Sciences (ISFF), Germany

Harm reduction services in Europe, Mobile unit service for PWID in Latvia

L.Sordo Del Castillo, Biomedical Research Networking Centre (CIBER/ISCIII), Spain

Guidance on prevention and control of blood-borne viruses in prison settings

D.Hedrich, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Portugal

Access barriers and good practices to promote prevention and treatment services for PWID

J.Lazarus, Barcelona Institute for Global Health, Spain

Round table discussion: What are the challenges for preventing HIV and co-infections among PWID, what have we learnt from HA-REACT and other EU actions, and how can we respond to these challenges? What does integration of services for PWID mean?Panellists from:

Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe (INTEGRATE)

D.Raben, CHIP, Centre of Excellence for Health, Immunity and Infections, Rigshospitalet, Denmark

Early diagnosis and treatment of viral hepatitis (HepCare Europe)

Early detection and integrated management of tuberculosis in Europe (E-DETECT TB)

G.de Vries, KNCV Tuberculosis Foundation, Netherlands

European Joint Action on HIV and Co-infection Prevention and Harm Reduction (HA-REACT)

A.Kurbatova, National Institute for Health Development, Estonia

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

D.Hedrich, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Portugal

MOSA39 Daring to DREAM: PEPFAR's partnership for adolescent girls and young women

Non-Commercial Satellite

Venue: Forum

Time: 14:45-16:45

Organizer: United States Government/ President's Emergency Plan for AIDS Relief (PEPFAR)

PEPFAR, along with the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, Gilead Sciences, and ViiV Healthcare, launched the ambitious DREAMS partnership in 2015, to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women by supporting adolescent girls and young women (AGYW) with a multi-sectoral core package of interventions.

Please join us for a satellite to showcase how the power of data, program, people, and partnerships has led to the results and successes of the DREAMS Partnership over its first two years of implementation. We will take stock of how far we've come, and energize for the work still left to do. The program will feature remarks by Ambassador Deborah L. Birx, U.S. Global AIDS Coordinator & U.S. Special Representative for Global Health Diplomacy, PEPFAR teams, DREAMS beneficiaries, and private-sector partners.

Performance

keynote

A. Birx, U.S. Department of State, Office of the Global AIDS Coordinator and Health Diplomacy, United States

DREAMS data and lessons learned

S. Lorente, PEPFAR, Mozambique

DREAMS layering data and lessons learned

O. Maguwu, PEPFAR, Zimbabwe

Population Council's PrEP feasibility data

S. Mathur, Population Council, United States

DREAMS parenting program

DREAMS education support

PrEP

Kenya Bridge to Employment video

Q&A

Gilead contribution to DREAMS

B. Chiang, Gilead Sciences, United States

importance of investing in AGYW

A. Thomas, Johnson & Johnson, United States

Closing

MOSA40 HIV and Key populations in Africa: Business Unusual

Non-Commercial Satellite

Venue: Elicium 1

Time: 14:45-16:45

Organizer: South African National Aids Council

Key populations have been identified as a priority in South Africa's National Strategic Plan on HIV, STIs and TB 2017-2022 (NSP). While the NSP 2017 – 2022 has a chapter on Key and Vulnerable populations the session at the conference will focus on sex workers, men who have sex with men (MSM), transgender people and people who use drugs, including people who inject drugs (PWID). These groups of people have disproportionately higher risks for HIV compared to the general population. Behavioural, legal and social factors increase their vulnerability to HIV and the consequences of infection.

Objectives of the satellite session:

- Showcase the country's exceptional progress towards responding to micro epidemics among key populations (policy and action plans)
- Share the innovative multi-sectoral approaches and interventions towards eliminating HIV among key populations
- Highlight critical gaps and areas for information collection, implementation and funding gaps

Welcome

J. Cameron, Constitutional Court, South Africa; M. Letsike, SANAC, South Africa

The leadership and co-ordination role of the South African National AIDS Council

Tracking the continuum of care for key populations: HIV treatment cascades

D. Scheibe, TBHIVCare, South Africa

Translating research into practice: strengthening programmes through data use

M. Savva, CDC, South Africa

Advocacy on decriminalisation of sex work: progress in South Africa

M. Rasebitse, SISONKE, South Africa

The role of transgender female outreach workers in the HIV response in South Africa

M. van der Merwe, SHE, South Africa

Key Populations sensitization for South African Police Service

C. Tlhoale, South African Police Service, South Africa

An emerging voice: establishing the South African Network of People Who Use Drugs

M. Mbatha, Durban Network of People Who Use Drugs, South Africa

Panel Discussion on People Who Use Drugs: Policy Directives and International Experience

M. Naik, PILS, Mauritius; D. Bogopane-Zulu, Department of Social Development, South Africa; S. Rotberga, United Nations Office on Drugs and Crime, Mauritius

MOSA41 Risk heterogeneity across the 90-90-90: Evidence supporting new strategies to strengthen the effectiveness of Universal Test and Treat

Non-Commercial Satellite

Venue: Hall 11A

Time: 14:45-16:45

Organizer: Bill & Melinda Gates Foundation

The 90-90-90 goals, widely embraced across sub-Saharan Africa, have galvanized an unprecedented scale-up of ART, saving millions of lives and substantially reducing the burden of HIV. Despite this progress, declines in HIV incidence have stagnated in many high-burden settings. Substantial uncertainty surrounds the population-level effectiveness of universal test and treat (UTT), given limited data on the transmission potential of unsuppressed fractions across epidemic settings. This session will present evidence on the demographic profile, risk behaviors, and mobility patterns of individuals across the treatment and care cascade, and will provide a critical analysis of the epidemiologic mechanisms that may undermine 90-90-90 in the era of UTT.

Welcome & Overview

C. Holmes, Georgetown University, United States

Risk heterogeneity across the 90-90-90: A systematic review

D. Green, University of Washington, United States

Modeling demographic disparities in the 90-90-90 targets in Swaziland

A. Akullian, Institute for Disease Modeling (IDM) / University of Washington, United States

Combination HIV prevention in Rakai, Uganda: Progress, Challenges, and Opportunities

K. Grabowski, Johns Hopkins, United States

Q&A

Panel Discussion

K. Grabowski, Johns Hopkins, United States

Q&A with Panel

Closing Remarks

MOSA42 Impact of punitive laws, policies and practices on sex workers' vulnerability to HIV and respect of their human rights

Non-Commercial Satellite

Venue: Hall 11B

Time: 14:45-16:45

Organizer:

Global Network of Sex Work Projects (NSWP), International Committee on the Rights of Sex Workers in Europe (ICRSE), Sex Workers' Rights Advocacy Network in ECA (SWAN), PROUD with support of AIDSFONDS

International health organisations have come to a consensus that removing punitive laws, policies and practices are crucial to sex workers' health and well-being and would greatly contribute to reducing their vulnerability to HIV.

While the terms used to describe legislative frameworks may be nuanced (legalisation, decriminalisation, and other repressive laws, policies and practices not specific to sex work such as drug policies, migration laws, etc.), the calls for reform are underpinned by shared objectives and principles that respect, protect and recognise sex workers' human and labour rights.

Six sex worker speakers from different regions will present various legal frameworks and policies and will provide recommendations on how legal reform could respect, protect and fulfil the rights of sex workers, thus reducing their vulnerability to HIV.

Introduction to Satellite. Overview of punitive laws, policies and practices and their impact on sex workers' vulnerability to HIV and respect of their human rights.

Brothel closures have had negative impacts on the sex worker community in Bangladesh and Indonesia whilst Indian brothels have been raided by the police more and more in recent years. Manjula Ramaiah will discuss the impact of these policies being implemented in the region and how these events fail to fulfil sex worker's right to work and to just and favourable conditions of work.

M.Ramaiah, ASHODAYA, India

In April 2018, the United States passed FOSTA/SESTA, an 'anti-trafficking' law that criminalises online platforms used by sex workers for advertising and information sharing. Kelli Dorsey will describe the detrimental human rights impact of FOSTA/SESTA and other harmful laws and policies that have emerged from the conflation of sex work and trafficking, contextualising them within a broader context of mass incarceration and the policing and state oppression of marginalised communities.

K.Dorsey, St James Infirmary, United States

Criminalisation of same sex practices in Cameroon also impacts male sex workers and their organisations. In April 2018, Avenir Jeune de l'Ouest was raided by authorities and their members detained. Francois Patrick Waffo Lele will present on the raids and detentions experienced by members of his organization and how the criminalization of same sex practices dangerously affect male sex workers.

P.Waffo Lele, Avenir Jeune de l'Ouest, Cameroon

In 2012, Mexico passed a new law to combat human trafficking. This law directly criminalises any third parties and forces sex workers at the margins of society where they are more vulnerable to violence and HIV. Cynthia Navarette will present the situation in Mexico and how sex workers' communities resist these legal oppressions

C.Navarette, APROASE, Mexico

Whilst sex work is legal in Greece, the majority of sex workers, in particular trans and migrant sex workers, are criminalized. Anna Kouroupou will present the negative consequences of repressive legalization, including mandatory testing.

A.Kouroupou, Red Umbrella Athens, Greece

In 2016, France implemented the criminalization of clients of sex workers in order to 'end demand' for sexual services and abolish prostitution. Two years later, sex workers face greater precarity and vulnerability to violence and HIV. Thierry Schaffauser will present on most recent findings from France and how sex workers continue resisting the call for their 'abolition'.

T.Schaffauser, STRASS, French Union of Sex Workers, France

Q&A and presentation of recommendations by the global sex workers' rights movement.

MOSA10 Is retention in care the key to delivering the final "10"?

Non-Commercial Satellite

Venue: E105-108

Time: 14:45-16:45

Organizer: mothers2mothers

mothers2mothers (m2m) is convening leading thinkers and frontline activists to discuss strategies to deliver viral suppression—the most difficult of the 90s.

Our primary focus will be on:

- Exploring strategies to deliver retention in care;
- Understanding how retention in care underpins both adherence and monitoring to deliver viral suppression;
- Surfacing innovations in community-led approaches.

We will do this by presenting best and promising practices, and sharing hands-on delivery experience. Segments will include stories from frontline healthcare workers, knowledge sharing from programme directors, and research from academics.

By sharing successes and failures from our work and others, we hope to help drive future progress.

Confirmed speakers:

Deborah von Zinkernagel, UNAIDS

Chileshe Chilangwa, mothers2mothers

Dr. Shaffiq Essajee, UNICEF

Dr. Anja Giphart, Elizabeth Glaser Pediatric AIDS Foundation

Dr. Kathrin Schmitz, mothers2mothers

Opening remarks

K.Schmitz, mothers2mothers, South Africa

Keynote - Retention in Care: Lessons from m2m Malawi

Keynote - Retention in Care: Lessons from m2m Malawi

C.Chilangwa, , Malawi

Personal Story

I.Nkosi, , South Africa

Panel Presentation and Discussion

D.Von Zinkernagel, UNAIDS, Switzerland; E.Casas, Medecins Sans Frontieres, South Africa; C.Chilangwa, , Malawi; S.Essajee, WHO, Switzerland; A.Giphart, Elizabeth Glaser Pediatric AIDS Foundation, United States

Closing Remarks

T.Lobben, , United States

Lucky draw and thanks

K.Schmitz, mothers2mothers, South Africa

MOSA43 Stand by our men: How male-focused programs are strengthening HIV testing and contributing to improved treatment and prevention cascades for men

Non-Commercial Satellite

Venue: G102-103

Time: 14:45-16:45

Organizer: Jhpiego

Despite progress towards realizing the ambitious UNAIDS 90-90-90 goals, men remain under-served with HIV testing and treatment services. In Malawi, only 66.7% of men living with HIV are diagnosed, compared with 76.3% of women. This trend is repeated in population-based HIV impact assessments from five other sub-Saharan African countries, resulting in gender disparities in treatment coverage and viral suppression. Health systems that fail to reach men leave them disproportionately vulnerable to disease and onward transmission of infections, with devastating consequences for individuals, families, and communities. Fortunately, the HIV response is making strides in reaching and serving men. This session will highlight lessons learned from HIV programs overcoming barriers to male uptake, including involving men in designing services that are adapted to serve them across their lifespans. The session will conclude with a look beyond 2020 to consider men's needs for HIV prevention services under sustainable programs.

Welcome

Stand By Our Men: Why new approaches to engaging men are needed

C. Broxton, United States

The other gender gap: Refocusing on reaching men in the HIV response

C. Case Johnson, World Health Organization, Switzerland

Reaching men in Tanzania: Right time, right place, right service model

J. Lija, Tanzania Ministry of Health, United Republic of Tanzania

Masculinity and uptake of HIV services in Zimbabwe and Malawi

W. Mavhu, CeSHHAR Zimbabwe & Liverpool School of Tropical Medicine, Zimbabwe

Discussion

HTC Reaching Men – Where They Are! Jhpiego's Experience in Mozambique

A. Jaramillo, Jhpiego Mozambique, Mozambique

HIV Self-Testing: Breaking the barriers to uptake of testing among men in Zimbabwe, lessons learned from the STAR project

S. Moyo, South Africa

Successful Linkages, Experiences from CommLink in eSwatini

M. Dlamini, PSI, Swaziland

Khotla: 'Where Men Gather' for male friendly health services in Lesotho

T. Maphasa, Jhpiego, Lesotho

Frank Dialogues

Discussion

Film: Frank Dialogues

K. Hoffmann, United States

MOSA44 How do we achieve health equity for young key populations (YKPs) in Africa?: Generating evidence, mobilizing communities, creating enabling legal and policy environment.

Non-Commercial Satellite

Venue: G104-105

Time: 14:45-16:45

Organizer: United Nations Development Program (UNDP); African Men for Sexual Health and Rights (AMShE); Health Economics and AIDS Research Division (HEARD)

Young people in general and young key populations in particular, (i.e. young MSM, sex workers, LGBT, drug users, and young people in prisons), face increased risk of HIV infection and face multiple challenges in accessing SRH services. Addressing these challenges requires a holistic and multipronged approach; namely generating inclusive, participatory and robust evidence on the social determinants of SRHR, mobilising communities to be visible and articulate and engaging law and policy-makers and traditional and religious leaders to drive law and policy reform. The satellite session aims to share the lessons drawn from the initial phase of a project implemented by UNDP, AMShE and HEARD on linking policy affecting young key populations to programming in five African countries.

Video

M. Getahun, UNDP, Ethiopia

Overview

Achieving Health Equity for Young Key Populations in Africa: What are the Issues

R. Armstrong, HEARD - University of Kwazulu Natal, Canada

Legal and Policy Issues Affecting Equitable Access to HIV and SRH Services for Young Key Populations

M. Getahun, UNDP, Ethiopia

Structural and organizational issues affecting equitable access to HIV and SRH services for YKPs

B. Nibogora, African Men for Sexual Health and Rights (AMShE), South Africa

MOSA45 What is the future of funding for key populations? Funders, communities and governments speak out on opportunities and gaps

Non-Commercial Satellite

Venue: E102

Time: 14:45-16:45

Organizer: Bridging the Gaps PITCH and READY Aidsfonds International HIV/AIDS Alliance

For an effective HIV response direct investment in key populations is needed. Is this happening sufficiently? Why are some donors and governments hesitant to do so? In some countries where international donors are transitioning out, HIV programming is taken up in national budgets - but investing in key populations directly rarely is.

This session brings together key funders of key population HIV programming and advocacy, activists from key population movements and government representatives. They will speak to their motivation to invest in key populations, results achieved, and what barriers remain. Key population focused HIV programs Bridging the Gaps, PITCH, and READY, supported by Dutch MoFA will share their experiences.

Speakers will discuss:

The current status of funding for key populations
The roles international donors, governments and communities play
The impact of investment in key populations to end HIV/AIDS, and the risks if funding disappears.
The challenges that cause underinvestment

Panel discussion

Panel discussion

Panel discussion

A. Basenko, International Network of People who use Drugs, Ukraine; G. Kamal, Key Population Consortium, Kenya; S. Matsikure, Gays and Lesbians of Zimbabwe, Zimbabwe; D. Thuan Phong, National Assembly Social Commission, Vietnam; M. Povoroznyk, Mayor, City of Kiev, Ukraine; A. Skjelmerud, Norwegian Agency for Development Cooperation, Norway; K. Thomson, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

MOSA46 Two years and counting: How to reach the most vulnerable children and families

Non-Commercial Satellite

Venue: Emerald Room

Time: 14:45-16:45

Organizer: The Coalition for Children Affected by AIDS in partnership with the ViiV Positive Action for Children Fund.

Despite commendable progress towards the 2020 targets, many vulnerable children and their families remain out of the reach of HIV testing, treatment and care. Why is this and what needs to change to put us back on track? This is an interactive session in which the audience, together with a panel of experts, analyse proven innovation and identify next steps.

Video Introduction

Opening address and launch of new Positive Action Challenge Prize

C.Luo, UNICEF, United States; L.Bohmer, Conrad N. Hilton Foundation, United States; D.Kemps, ViiV Healthcare, United Kingdom

Why are marginalised children and their families being left behind and how does this impede achievement of both HIV targets and the SDGs?

D.Webb, United Nations Development Programme (UNDP), United States; C.Watts, DFID, United Kingdom

My child, my right, my challenge: First hand experiences of marginalised children and caregivers accessing HIV services

D.Dlamini, SWEAT Mothers for the Future, South Africa

Filling the gaps: What evidence is there that a holistic approach to children, families and communities can maximise testing, treatment and care.

L.Cluver, Oxford University, United Kingdom

Interactive panel: What must the HIV sector do differently to address key gaps in the response, and what opportunities are out there to help us?

R.van de Ven, Elizabeth Glaser Pediatric AIDS Foundation, United Republic of Tanzania; M.Musinguzi, Towards An Aids Free Generation Programme in Uganda, Uganda; G.Bachman, USAID, United States; J.Tabler Mullis, Save the Children, United States

Creating a common advocacy agenda

N.Huni, REPSSI, Zimbabwe

Video Introduction

Closing Remarks

MOSA37 Together, we can stop the virus

Major Industry Sponsor Satellite

Venue: Elicium 2

Time: 14:45-16:45

Organizer: Anne Aslett, United Kingdom

Since 2014, significant progress has been made towards achieving the UNAIDS 90-90-90 treatment target, but challenges remain in both the developed and developing world, and in particular regions like Eastern Europe. Chaired by Anne Aslett, Executive Director of the Elton John AIDS Foundation, two leading experts will offer keynote speeches focusing on the UNAIDS 90-90-90 targets and the possibilities of achieving these goals via the Fast-Track Cities model. The symposium will then open up to a panel discussion, where seven representatives from key communities will discuss and explore the challenges facing 90-90-90, and the need to shift the focus to the remaining 10-10-10 to ensure no one is forgotten in the fight against HIV.

Chair's welcome

A.Aslett, Elton John AIDS Foundation, United Kingdom

90-90-90 is possible, and FTC is a model to achieve this

J.Lazarus, Barcelona Institute for Global Health, Spain

Going beyond 90-90-90

L.Waters, CNWL's Mortimer Market Centre, United Kingdom

Shining a light on the 10-10-10

A.Namiba, Salamander Trust, United Kingdom; A.Lahov, Humanitarian Action Fund, Russian Federation; D.Stolbunov, Teenergizer, Ukraine; E.Dixon-Williams, European AIDS Treatment Group, United Kingdom; M.Maes, International Committee on the Rights of Sex Workers in Europe, Netherlands; M.Meulbroek, BCN Checkpoint, Spain; R.de Havilland, Terrance Higgins Trust, United Kingdom

Gilead's commitment

D.M. Brooks, Gilead, United States

MOSA47 European surveys and trainings to improve MSM community health (ESTICOM)

Non-Commercial Satellite

Venue: Auditorium

Time: 17:00-19:00

Organizer: EU Health Programme 2014-2020 - European Surveys and Trainings to Improve MSM Community Health (ESTICOM)

The ESTICOM satellite symposium will present selected results from two surveys – The 2017 European MSM Internet Survey (EMIS) and the European Community Health Worker OnlinE Survey (ECHOES), and will present and discuss initial experiences and lessons from a Training Programme for Community Health Workers (CHW) working with MSM.

EMIS-2017 collected data on risk and precautionary behaviours, health promotion needs, prevention intervention performance, and sexual morbidities from 39 European countries, the Lebanon, Israel, Canada, and the Philippines. The final sample consists of 137,358 men. ECHOES was the first ever online survey addressing CHW working with MSM in Europe. Data on types of work performed, motivations and satisfaction about their role as CHW, trainings received and training needs were collected. CHW (n=1035) from 36 European countries participated. A training programme for CHW working with MSM has been designed and is being implemented in 2018 for 21 EU countries, CH, MD and RU.

Introduction

U.Marcus, Robert Koch-Institut, Germany

EU Policy framework, presenting the Staff Working Document 2018

J.Sion, European Commission, Luxembourg

Overview of STI/HIV among MSM in the EU/EEA

T.Noori, European Centre For Disease Prevention and Control, Sweden

Drug use among MSM (brief overview with focus on chemsex)

I.Giraudon, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Portugal

EMIS pan-European MSM survey, Background and overview of study (design, aims and objectives) - who took part? focus of the selected results will be on pre-exposure prophylaxis and chemsex:

- Distribution of risk and precautionary behaviours
- Distribution of health promotion needs
- Prevention intervention performance
- Sexual morbidities

A.Schmidt, Sigma Research at London School of Hygiene and Tropical Medicine (LSHTM) (UK), United Kingdom; P.Weatherburn, Sigma Research at LSHTM (UK), United Kingdom

Moderated Q&A session

ECHOES pan-European MSM Community Health Worker survey

- Background and overview of study (design, aims and objectives) - who took part?
- Types of CHW work performed (activities and settings)
- Motivations and satisfaction about their role as CHW
- Training received and training needs

N.Lorente, Centre d'Estudis Epidemiològics sobre les Infeccions de Transmissió Sexual i Sida de Catalunya (CEEISCAT), Spain

Training Programme:

Overview of the Training Programme

B.Dwyer, Terrence Higgins Trust, United Kingdom

Initial findings of the Training Programme

- a. training needs of CHWs
- b. barriers and facilitating factors to performing work as a CHW

Experiences and lessons learned from the Training Programme implementation

M.Kuske, Deutsche AIDS-Hilfe e.V., Germany

Moderated Q&A session

MOSA49 Eliminating AIDS epidemics on the road to universal health coverage

Non-Commercial Satellite

Venue: Hall 10

Time: 17:00-19:00

Organizer: World Health Organization (WHO)

The 2030 Agenda for Sustainable Development promotes universal health coverage (UHC) as the overarching target of the Sustainable Development Goal (SDG) for health. At the same time Target 3.3 of the SDGs commits to ending AIDS and tuberculosis epidemics by 2030 and to combat viral hepatitis. How can these disease-specific targets be reached at the same time as achieving UHC? This satellite will bring together global leaders to discuss the opportunities and challenges for achieving the elimination of AIDS epidemics as countries strive to achieve UHC, addressing such issues as programme integration, political accountability, financing elimination and engaging communities. The satellite will also present WHO's newly adopted strategy on the road to achieving the SDGs and UHC - to promote health, keep the world safe and serve the vulnerable.

Introduction to session and panel members

J.Chau, China Central Television, China

Ending AIDS Epidemics on the Road to UHC

T.Ghebreyesus, World Health Organization, Switzerland

Achieving AIDS elimination and universal health coverage – Holding WHO and the world to account

A.Motsoaledi, National Department of Health, South Africa

HIV and hepatitis in the essential health benefits package

P.Rao, Global Commission on HIV and the Law, India

Building health systems to deliver people-centred health services

D.Sergeenko, Minister of Health, Labour and Social Affairs, Georgia

Financing UHC and AIDS, TB and hepatitis elimination

P.Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

Leaving nobody behind – UHC and civil society

K.Oanh, Center for Supporting Community Development Initiatives, Vietnam

Accelerating UHC through innovation

R.Matiru, UNITAID, Switzerland

Interactive discussion with panelists and questions from the floor

Summary and closing

J.Chau, China Central Television, China

MOSA51 Dream BIG DREAMS: Responding to the needs of adolescents living in high disease burden settings

Non-Commercial Satellite

Venue: Forum

Time: 17:00-19:00

Organizer: MatCH (Maternal, Adolescent and Child Health), School of Public Health, University of the Witwatersrand

South Africa has the largest and most severe HIV epidemic globally; with an estimated 2,000 new infections per week occurring among adolescent girls and young women aged 15-24 years. Rapid scale-up of high impact age-appropriate programs and services are required to prevent new infections; scale up testing, promote early entry into care, linkage, viral suppression and retention. A portfolio of targeted, evidence-based facility and community level interventions responsive to the unique medical and psychosocial needs of Adolescents Living with HIV in high disease burden resource-constrained settings will be unravelled and discussed at this satellite session.

Welcome and Overview

A.Ramkisson, MatCH, South Africa

She Conquers Campaign: South Africa's response to HIV burden amongst adolescent girls and young women

Y.Pillay, National Department of Health, South Africa

Global ALHIV Epidemiology, Donor priorities and perspectives; The PEPFAR DREAMS Program

D.Birx, The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), United States

Questions & Answers

Implementing Adolescent Prevention Programs in high disease burden settings

C.Searle, MatCH, South Africa

Transition Clinics: Optimizing Differentiated Service Delivery for ALHIV

P.Naidoo, MatCH, South Africa

Expanding ALHIV Care & Support from Health Facilities to Communities

C.Smith, MatCH, South Africa

Questions & Answers

Closing

D.Sedlacek, USAID, South Africa

MOSA02 Supporting regional compliance with HIV, health and human Rights minimum standards for prison populations of sub-Saharan Africa

Non-Commercial Satellite

Venue: Elicium 1

Time: 17:00-19:00

Organizer: United Nations Office on Drugs and Crime (UNODC) Regional Office for Southern Africa - (ROSAF)

The over-representation of HIV Key Populations in prisons, the sharply and rapidly growing female prison population, with sub-standard infrastructure and lack of funding and services tailored for them and the continued neglect of prison settings in national HIV strategies present a threat to the current efforts and progress made in curbing HIV transmission in the community. Limited programming has been undertaken to ensure that both staff and prisoners' HIV prevention, care, treatment and support, and sexual & reproductive health (SRH) needs are addressed. Improved policies and strategies, compliant with UN Minimum Standards and norms, need to be in place; along with greater resources dedicated to support the development and implementation of health and rights based programming. This session will give presentations on the status of compliance to the UN Standard Minimum Rules for the Treatment of Prisoners - The Nelson Mandela Rules; for selected Sub Saharan African Countries.

UNODC commissioned global survey on HIV in prisons epidemiological situation and service coverage

K.Dolan, UNSW, Australia

Compliance with HIV, Health and Human Rights for prison populations - The Zambia experience.

P.Chato, Zambia Correctional Services, Zambia

Monday 23 July | Satellite Sessions

Ensuring HIV and Sexual Reproductive Health continuum of care for pre and post-release prisoners in Zambia

D.Malumo, Prison Reintegration & Empowerment Organisation, Zambia

Prison Management Reforms: A tool to improve response to Health, Sexual Reproductive Health and HIV in Malawi Prisons.

C.Kainja, Malawi Prisons Service, Malawi

Prison conditions and access to HIV and TB services in 8 Malawi Prisons

V.Mhango, Centre for Human Rights, Education, Advice and Assistance (CHREAA), Malawi

Effectiveness of partnerships in strengthening and improving HIV prevention services in the Department of Correctional Services (DCS), South Africa.

K.Mabena, Department of Correctional Service, South Africa

MOSA53 Are we testing for 2030? Implementing and scaling-up innovative approaches to HIV testing and linkage to prevention and treatment in low- and middle-income countries

Non-Commercial Satellite

Venue: Hall 11A

Time: 17:00-19:00

Organizer: WHO, PATH, UNAIDS, UNITAID

In 2016, UNAIDS estimated that 30% of people with HIV were undiagnosed and nearly half of people with HIV were on treatment. Despite the many successes of the HIV response, diagnosis and linkage to care continues to be late and delivery of and linkage to HIV prevention, such as condoms, voluntary male medical circumcision, harm reduction, and pre-exposure prophylaxis are not routine. These gaps are even greater among key populations, men and young people. In this session we present the lessons learned with implementing innovative HIV testing approaches, including lay providers, partner notification, index testing, HIV self-testing, social network-based delivery approaches (online and offline), and novel counselling and linkage services from low- and middle-income countries. Examples span multiple regions including Latin America, Europe, Africa and Asia; as well as at risk and key population groups.

Introduction

A.Ross, Unitaid, Switzerland; J.van Dam, PATH, United States; A.Reid, UNAIDS, Switzerland; N.Ba, WHO, Burkina Faso

Overview of importance and emerging innovations for testing and linkage

C.Johnson, World Health Organization, Switzerland

Scaling lay provider, HIV self-testing and index testing among key populations in Viet Nam

K.Green, PATH, Vietnam; V.Thi Thuy Nguyen, WHO, Vietnam

HIV testing and linkage strategies for reaching men and young people in South Africa

T.Chidarikire, National Department of Health, South Africa

Q&A

Index testing and partner notification service innovations in complex settings: Lesson from Democratic Republic of Congo

D.Canagasabey, PATH, United States

Testing and linking different key population groups in Ukraine

O.Denisiuk, AIDS Alliance, Ukraine

Q&A

Reflections on adapting and implementing innovations for impact

L.Chitembo, WHO, Zambia; A.Fakoya, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; M.Moise, First Lady, Haiti; T.Thanh Doan, Lighthouse Social Enterprise, Vietnam; J.Kenerela Ke, INERELA+, Kenya; J.Nfetam, MOH, Cameroon; P.Urassa, MOH, United Republic of Tanzania; M.Mugambi, MOH, Kenya

Q&A

Wrap-up

MOSA52 Strategies for diagnosing and managing acute HIV infection in the context of PrEP and immediate ART

Non-Commercial Satellite

Venue: Hall 11B

Time: 17:00-19:00

Organizer: SANTHE (Sub-Saharan Africa Network for TB and HIV excellence); KEMRI-Wellcome Trust Research Programme; World Health Organization; IAVI

The symposium will address difficulties in ascertaining HIV status among persons with early infection and managing acute or recent HIV infections that arise when they occur in people on PrEP or PEP or those started immediately on ART shortly after viral acquisition, with an emphasis on how these issues manifest in low and middle-income countries (LMIC). New data and guidance relevant to LMIC will be presented regarding 1) AHI diagnostic strategies and early intervention – challenges and relevance to HIV cure efforts; 2) Early treatment and long-term outcomes; and 3) AHI and PrEP – diagnostic and management challenges

Welcome and Introduction

E.Sanders, University of Oxford & KEMRI-Wellcome Trust, Kenya

Public health implications of AHI diagnostic strategies in LMIC

S.Rutstein, University of North Carolina at Chapel Hill, United States

Acute HIV infection and HIV cure

T.Ndung'u, Africa Health Research Institute, University of KwaZulu-Natal, South Africa

Early treatment: What is early enough for individual benefit?

J.Ananworanich, US Military HIV Research Program, United States

AHI and PrEP introduction

M.Doherty, World Health Organization, Switzerland

What to do when HIV testing is persistently indeterminate?

S.Fidler, Imperial College London, United Kingdom

Introduction: HPTN consensus on how to manage PrEP and AHI in context of ART

M.Cohen, University of North Carolina at Chapel Hill, United States

Surveillance for recent HIV infection

P.Patel, Centers for Disease Control and Prevention, United States

Cheap, simple, and smart

G.Cairns, National AIDS Manual (NAM), United Kingdom

Panel discussion: Sarah Rutstein, Thumbi Ndung'u, Jintanat Ananworanich, Sarah Fidler, Myron Cohen, Gus Cairns, Pragna Patel

MOSA54 Making safer sex sexy in 2018

Non-Commercial Satellite

Venue: E105-108

Time: 17:00-19:00

Organizer: AIDS Healthcare Foundation (AHF)

Attractive marketing is a path to public's hearts and minds. We enlist the power of creativity to develop compelling messages about HIV prevention, treatment and testing. Good design can inform and reassure -- it is more readily received than facts and figures alone. In this session we want to share with you the creative spark and experience behind award-winning social marketing campaigns produced in the service of ending the AIDS epidemic.

Sal Guillen

Sal Guillen

S.Guillen, AHF, United States

Olga Rudnieva

O.Rudnieva, Elena Pinchuk Foundation, Ukraine

Sergio Lagarde Moguel

S.Lagarde Moguel, AHF Mexico, Mexico

AJ Alegria

AJ Alegria

A.Alegria, Impulse Group, United States

Susan van Esch

S.van Esch, Dance4Life International, Netherlands

MOSA55 The Dutch Approach to successful sexual health promotion for young people: A global perspective. A vibrant intercultural exchange of fresh, game-changing ideas and tools.

Non-Commercial Satellite

Venue: G102-103

Time: 17:00-19:00

Organizer: Aidsfonds Sti Aids Netherlands

Looking for fresh ideas on how to support young people's sexual development? Searching for more efficient or effective ways to reach them with answers to pressing questions? In this satellite session we demonstrate and discuss the game-changing 'blended' Dutch approach to successful sexual health promotion of young people (12-25). What are the foremost critical factors for its success? This will be discussed by showcasing Dutch examples, ranging from school-based learning to virtual reality experiences. What elements of the Dutch approach could be of use in your particular cultural context? In this fast-paced interactive workshop, national and international youths and experts offer their insights on the showcased Dutch approach and place it within an international setting.

The Dutch Approach to successful sexual health promotion for young people: A global perspective. A vibrant intercultural exchange of fresh, game-changing ideas and tools

The Dutch Approach to successful sexual health promotion for young people: A global perspective. A vibrant intercultural exchange of fresh, game-changing ideas and tools

S.Meijer, STI AIDS Netherlands, Netherlands; H.Roosjen, STI AIDS Netherlands, Netherlands; E.Spek, STI AIDS Netherlands, Netherlands; L.Schutte, STI AIDS Netherlands, Netherlands; A.Medik, AIDs Fonds, Netherlands

Panel discussion

Expert panel discussion

F.Meivissen, Maastricht University, Netherlands; I.van der Vlugt, Rutgers, Netherlands; T.Berkenbosch, GGD Twente, Netherlands; M.Matiyani, The YP Foundation, India

Youth panel discussion

M.Tamarzians, The Government of the Netherlands - SRHR Youth Ambassador, Netherlands; G.Moses, AYARHEP, Kenya; T.Geling, Aidsfonds, Netherlands; O.Daphynne Namukuza, SRHR Alliance, Uganda

MOSA56 The power of peer-led HIV services: Adolescent and youth treatment success in Kenya, Lesotho, Tanzania, and Zimbabwe

Non-Commercial Satellite

Venue: G104-105

Time: 17:00-19:00

Organizer: Elizabeth Glaser Pediatric AIDS Foundation, Children's Investment Fund Foundation, Johnson & Johnson, ViiV Healthcare Positive Action for Adolescents Fund

Adolescents and youth living with HIV contribute to the design and delivery of HIV services. This session will:

- Review history of involving young people living with HIV in services
- Convey role of young people living with HIV in adherence, treatment success, and confirming resistance
- Provide data on adolescents on antiretroviral therapy in facilities with peer-led services
- Describe how peer-led HIV services operationalize national policy recommendations
- Discuss challenges, lessons, and recommendations based on country experiences and young people's views
- Debate risks and contributions of young people living with HIV and their peers in HIV services
- Facilitate dialogue around rights and roles of young people in HIV care and services

Speakers: young people, advocates, government officials, providers, experts.

Expected audience: young people, government representatives, implementers, researchers, advocates.

Welcome and Panel Introductions

A.Giphart, Elizabeth Glaser Pediatric AIDS Foundation, United States

Keynote Speakers

J.Glaser, Elizabeth Glaser Pediatric AIDS Foundation, United States; N.Rakhmanina, Elizabeth Glaser Pediatric AIDS Foundation, United States

National Perspectives on Peer-led HIV Services in Tanzania

M.Rutaihua, Tanzania National AIDS Control Programme, United Republic of Tanzania

Evidence from Ariel Adherence Clubs in Tanzania

G.Antelman, Elizabeth Glaser Pediatric AIDS Foundation, United Republic of Tanzania

Story-based Peer Support Groups for Adolescents Living with HIV in Lesotho

M.Mphafi, Elizabeth Glaser Pediatric AIDS Foundation, Lesotho

Facility Youth Advisory Committees in Kenya

L.Awuor, Elizabeth Glaser Pediatric AIDS Foundation, Kenya

Community Adolescent Treatment Supporter (CATS) Index Case Testing in Zimbabwe

P.Mushamiri, AfricAid, Zimbabwe

Panel Discussion

J.Nabukenya, Elizabeth Glaser Pediatric AIDS Foundation, Uganda; M.Ombija, Elizabeth Glaser Pediatric AIDS Foundation, United States; J.Akinyi Okuku, Elizabeth Glaser Pediatric AIDS Foundation, Kenya; B.Abieza Nyamakile, Elizabeth Glaser Pediatric AIDS Foundation, United Republic of Tanzania; S.Diangamo, University Teaching Hospital, Zambia; B.Ahimbisibwe, Elizabeth Glaser Pediatric AIDS Foundation, Uganda

Closing Remarks

Y.Nyoni, Children's Investment Fund Foundation, United Kingdom

MOSA57 The next frontier in point-of-care testing

Non-Commercial Satellite

Venue: E102

Time: 17:00-19:00

Organizer: Diagnostics for the Real World/University of Cambridge

This satellite symposium will focus on innovations in molecular point-of-care (POC) technologies for HIV diagnosis in infants and viral load testing for therapy monitoring. It will lay out the implementation and technical issues involved in realizing the benefits of new POC's and discuss viable solutions for the acceleration of their uptake.

Overcoming complexity of accelerating access to innovative health products

S.de Lussigny, Unitaid, Switzerland

SAMBA POC, Quo Vadis?

A.Ritchie, Diagnostics for the Real World, United Kingdom

Five years and 80,000 tests later — experience with implementing SAMBA viral load in CAR, Malawi and Uganda

M.Gueguen, MSF France, Doctors without Border, France

Quantification of HIV-1 viral load for therapy monitoring in endemic regions

N.Lelie, Lelie Research, Netherlands

Decentralising viral load and EID testing in Zimbabwe

R.Simbi, Ministry of Health and Child Care, Zimbabwe

Leuco-depleted whole blood viral load POC test: a game changer?

G.Brook, Departments of Genito-Urinary and HIV Medicine, Central Middlesex and Northwick Park Hospitals, United Kingdom

Bringing testing to the consumer

T.Barker, Children's Investment Fund Foundation, United Kingdom

MOSA58 Differentiated service delivery 2018: Innovations, best practices, and lessons learned

Non-Commercial Satellite

Venue: Emerald Room

Time: 17:00-19:00

Organizer: ICAP at Columbia University

New global guidelines have markedly increased the number of people living with HIV (PLHIV) eligible for treatment, straining the capacity of health systems in low-resource settings. In response, differentiated service delivery (DSD) has been developed as a way to improve the quality and efficiency of HIV programs. Moving away from a "one size fits all" model, DSD tailors HIV services for diverse groups of PLHIV while maintaining the principles of the public health approach.

ICAP at Columbia University convenes the 10-country HIV Coverage, Quality and Impact Network (CQUIN), which fosters south-to-south exchange and joint learning directed at scaling up high quality DSD. Building on the lessons learned from CQUIN, this satellite will convene Ministries of Health, civil society, academics, and other implementers to discuss cutting edge issues related to DSD scale-up.

Welcome

W.El-Sadr, ICAP at Columbia University, United States

Introductions and Framing Remarks

P.Preko, ICAP at Columbia University, Swaziland; W.Mosime, International Treatment Preparedness Coalition, Botswana

Taking DSD to Scale in Zimbabwe

T.Apollo, Zimbabwe Ministry of Health and Child Welfare, Zimbabwe

Mapping the Scale-up of DSD: a 13-country Health Facility Survey

T.Harris, ICAP at Columbia, United States

Q&A

Estimating the Costs of DSD Scale-up

R.Barnabas, University of Washington, United States

Strengthening Laboratory Systems to Support DSD Scale-up

A.Mataka, Zimbabwe

Optimizing Human Resources in the Context of DSD: An Interactive Tool for Clinic and Program Managers

S.Kironde, University Research Co., LLC, United States

Q&A

What do Adolescents Want? A Survey of DSD Preferences Amongst Adolescents in Western Kenya

E.Abrams, ICAP at Columbia University, United States

Closing Remarks

W.Mosime, International Treatment Preparedness Coalition, Botswana; P.Preko, ICAP at Columbia University, Swaziland

MOSA48 Biomedical research innovations in the prevention, remission and cure of HIV/AIDS

Major Industry Sponsor Satellite

Venue: Elicium 2

Time: 17:00-19:00

Co-Organizers: Karine Lacombe, France
Peter Piot, United Kingdom

Symposium topics:

30 years of progress in the field of HIV/AIDS
International initiatives in prevention interventions (incl. behavioural changes)
Overview of 30 years of efforts in developing an HIV vaccine
Passive immunization/bNAbs monoclonals both for prevention and treatment
Remission and cure efforts
How much work do we still have to address HIV/AIDS?

Introduction

P.Piot, London School of Hygiene & Tropical Medicine (LSHTM), United Kingdom; K.Lacombe, Saint-Antoine Hospital (AP-HP), France

30 years of progress in the field of HIV/AIDS

A.Fauci, National Institutes of Health (NIH), United States

Audience questions/panel discussion

International initiatives in prevention interventions

Z.Rosenberg, International Partnership for Microbicides, United States

Audience questions/panel discussion

Overview of 30 years of efforts in developing an HIV vaccine

G.Gray, South African Medical Research Council (SAMRC), South Africa

Audience questions/panel discussion

Broadly neutralizing antibodies for HIV prevention and treatment

P.Moore, University of the Witwatersrand, South Africa

Audience questions/panel discussion

Remission and cure efforts

J.Martinez-Picado, AIDS Research Institute irsiCaixa, Spain

Audience questions/interactive panel discussion

Conclusions: How much work do we still have to address HIV/AIDS?

K.Lacombe, Saint-Antoine Hospital (AP-HP), France; P.Piot, London School of Hygiene & Tropical Medicine (LSHTM), United Kingdom