

WESA01 Our actions count: Community mobilization model for social change and transforming 'inaction in response to Stigma and Discrimination' into 'action'

Non-Commercial Satellite

Venue: Elicium 1
Time: 07:00-08:30

Organizer: Soul City Institute and SANAC

HIV and TB-related stigma and discrimination are important impediments to controlling the dual HIV and TB epidemics. A South African Stigma Index Survey was completed in 18 districts in South Africa. This study included over 10 700 participants who are HIV positive and who are older than 15 years, the largest of its kind in the world. Measuring stigma associated with TB was included in this type of survey for the first time. The purpose of the Stigma Index was to measure stigma and discrimination experienced by PLHIV and TB and to inform the development and implementation of national policies and programmes to protect the rights of PLHIV and TB.

The survey showed that while South Africa has made some progress in dealing with HIV related stigma, more than 30% of PLHIV reported some form of stigma. Internalized stigma is a major challenge in South Africa with more than 40 % of PLHIV expressing feelings of internalized stigma. The South African National AIDS Council (SANAC), consisting of multi-sectoral government, civil society and business, played a leading role in driving the development of a comprehensive 360-degree Stigma and Discrimination mitigation programme, presenting a truly multi-sectoral response that include PLHIV organisations, government departments such as Social Development, Health, Justice and Correctional Services, NGOs, including Soul City, civil society and development partners.

The South African National AIDS Council is planning to coordinate a satellite session focussing on this stigma reduction programme at the upcoming IAS 2018 Conference to be held in Amsterdam in July 2018.

The objectives of the session will be to:

- Demonstrate the lessons learned in identifying stigma, including the way it is subtly expressed within social and cultural practices;
- Share examples of stigma and discrimination as it occurs in community settings along with real stories of actions taken to address it;
- Share approaches to stigma prevention that include slogans, songs and dances; and
- Present the impact and the way forward

Video loop

Welcome

Panel Discussion

K. Osborne, International AIDS Society (IAS), Switzerland; M. Zazini, NAPWA, South Africa; P. Kodisang, Soul City Institute, South Africa; R. Agenbag, SOUTH AFRICAN NATIONAL AIDS COUNCIL, South Africa

Interactive Discussion with the audience

Final Remarks

L. Ramafoko, Soul City Institute, South Africa; M. Dyasi, SANAC, South Africa

WESA02 When promise meets reality: Debating the future of CD4 and viral load testing

Non-Commercial Satellite

Venue: Hall 11A
Time: 07:00-08:30

Organizer: World Health Organization, African Society of Laboratory Medicine

CD4 and viral load testing have the potential to improve patient treatment and enhance patient demand. Yet, in reality, only a portion of the test results are used for patient management. Given the cost, promise, but unrealized potential of these diagnostics, what is the case for their future use?

While CD4 is no longer required to determine eligibility for ART, many advocates are passionate about its importance for identifying patients at risk of advanced disease and providing them with appropriate services. Viral load testing may no longer be necessary to determine second line eligibility if tenofovir-lamivudine-dolutegravir is implemented for both first and second line ART. Yet the "Undetectable=Untransmittable" campaign has great potential as a means of improving patient demand and adherence to treatment.

This session will examine the promise of CD4 and VL testing, reveal the realities of implementation, and provoke a debate on the best path forward.

Framing remarks: adapting diagnostic strategies to the era of Test and Treat and the potential scale up of dolutegravir regimens

P. Ehrenkranz, Bill & Melinda Gates Foundation, United States

The promise and history of CD4 use and scale up for patient management and surveillance

L. Vojnov, World Health Organization, Switzerland

The promise and history of viral load use and scale up for patient management and surveillance

N. Doi, Clinton Health Access Initiative, Inc, United States

The reality: The Malawi experience of utilizing CD4 and VL test results to change practice, the opportunity cost of unused results, and attempts to improve utilization

T. Kalua, Malawi

Debating the future: Should we continue to scale up and try to improve utilization of VL and of CD4 in the era of Treat All, U=U, and (potentially) TLD?

T. Ellman, Médecins Sans Frontières (MSF), South Africa; E. Raizes, US Centers for Disease Control and Prevention, United States; C. Holmes, Georgetown University, United States

Community response and perspectives on CD4 and VL demand, use and scale-up

S. Baptiste, International Treatment Preparedness Coalition, South Africa

Open forum with panelists responding to live electronic question asking/voting from the audience

Closing remarks

P. Ondo, African Society for Laboratory Medicine (ASLM), Netherlands

WESA04 Youth Leadership in Action: Lessons from Kenya and Beyond

Non-Commercial Satellite

Venue: E105-108
Time: 07:00-08:30

Organizer: Kenya National AIDS Control Council

Adolescents and Young People in Kenya aged between 15 and 24 years constitute 19% of the total population translating to approx. 7,600,000; and are the bedrock of Kenya's future. An estimated 18% of 1.5 million people living with HIV in Kenya are aged 15 and 24 years. They contributed 51% of the 77,000 new HIV infections, with over 4,000 AIDS related deaths in the year 2015, a status similar across sub-Saharan Africa and the globe. In 2015, Kenya launched a fast-track plan to end AIDS among adolescents and young people, based on three (3) objectives: incidence reduction by 40%; reduction of AIDS related mortality by 20%; and reduction of HIV related stigma by 25%. Kenya has learnt lessons based on implementation of the plan related to coordination, target setting and measurements, indicator tracking across sectors, and ultimately achieved various results in service delivery, quality and coverage. It is this rich collation of data, programmes and lessons that Kenya wishes to share

Fast Track Plan for Adolescents and Young People

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

Global Perspective on the AYP HIV Response: DREAMS initiative

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

Youth in Leadership: The Kenyan Perspective

R. Nyankieya, Kenya National AIDS Control Council (NACC), Kenya

Differently Able – What is the space for Adolescents with Disabilities in the HIV Response?

E. Bett, Kenyatta University, Kenya

Panel and Q&A Session

Topical areas:

- **Technology to promote uptake of SRH and HIV Services among AYP**
- **The successes of peer to peer interventions for the HIV Response.**
- **HIV/SRHR Programming beyond HIV**
- **Impact of Youth led Youth Serving organizations in the HIV SRHR Agenda**
- **HIV Care among adolescents**

P. Wamae, AIDS Healthcare Foundation (AHF Kenya), Kenya; H. Doyle, Global Fund, United States; D. Nyamwea, DREAMS Beneficiary, Kenya; H. Subedar, She Conquers, South Africa; R. Mutaha, Maisha Youth, Kenya; A. Mulwa, Ministry of Health, Kenya

WESA05 Prevention solutions for the next generation: Highlighting adolescent research in the NIH HIV/AIDS Clinical Trials Networks and the Adolescent Trials Network

Non-Commercial Satellite

Venue: G102-103

Time: 07:00-08:30

Organizer: The Office of HIV/AIDS Network Coordination (HANC)/Youth Prevention Research Working Group (YPRWG)

This symposium will highlight NIH-sponsored multi-center international adolescent prevention research including: HPTN 082-Evaluation of Daily Oral PrEP as a Primary Prevention Strategy for Young African Women; MTN 034/IPM 045-Phase 2a study that seeks to understand the HIV prevention needs and preferences of adolescent girls and young women; IMPAACT 2009-Feasibility, Acceptability and Safety of Oral Pre-Exposure Prophylaxis for Primary HIV Prevention during Pregnancy and Breast Feeding in Adolescents and Young Women; and studies of mobile technology to prevent HIV in adolescents. We will also discuss new adolescent-focused studies in development within the networks. The session will be moderated by Audrey Pettifor. Speakers for the session include Dr. Connie Celum (HPTN 082), Dr. Lynda Stranix-Chibanda (IMPAACT 2009), Dr. Kenneth Ngunjiri (MTN 034), Ruth Nahurira (MTN 020 ASPIRE Trial participant), and Lisa Hightow-Weidman (ATN iTech Study).

Overview

HPTN 082

C. Celum, University of Washington, United States

The REACH Study (MTN-034): Addressing the Needs of Adolescent Girls and Young Women with Choices in HIV Prevention

K. Ngunjiri, University of Washington, Kenya

ASPIRE Trial Participant Experience

R. N., , Afghanistan

IMPAACT 2009 – Oral PrEP in adolescents and young women in Sub-Saharan Africa during pregnancy and breastfeeding.

L. Stranix-Chibanda, University of Zimbabwe, Zimbabwe

Implementing technology-based interventions for youth: early findings from iTech and the ATN

L. Hightow-Weidman, University of North Carolina-Chapel Hill, United States

Q&A

WESA06

Re-Defining the Global Health Response to Gay and Bisexual Men: New Perspectives and Opportunities

Non-Commercial Satellite

Venue: G104-105

Time: 07:00-08:30

Organizer: MPact (formerly known as MSMGF)

While the global HIV response has made significant strides in recent years, gay and bisexual men still shoulder a disproportionately high incidence and prevalence worldwide. What is urgently needed is a more comprehensive response to HIV, one that strategically stitches together bio-medical, behavioral, community, and structural interventions. In addition, a reimagined and reinvigorated global HIV response would strategically consider the sexual health, human rights and development needs of men who have sex with men. This satellite assembles experts in LGBT rights, sexual health, and development for a critical discussion about the current state of the global HIV response for men who have sex with men. Drawing from their own experience, research, and examples from the field, panelists will reimagine the HIV response, a response that centers community-based, sexual health and rights programs led by gay and bisexual men and that are unapologetic in addressing sex and sexuality in its strategies.

Sexing the HIV Response: A Hanking for the Radical

PrEP for Sex and Other Gay Pillow-talk

What Has LGBT Rights Got To Do With It

Low Hanging Fruit: LGBT Inclusion in Agenda 2030

WESA07 Accelerating Children's HIV/AIDS Treatment (ACT): Post-program Learning & Knowledge

Non-Commercial Satellite

Venue: E102

Time: 07:00-08:30

Organizer: Baylor College of Medicine Children's Foundation Malawi; USAID Office of HIV/AIDS; Office of the U.S. Global AIDS Coordinator & Health Diplomacy

The best learning and practices from the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative will be published as an August 2018 JAIDS supplement. This satellite is a companion discussion to widely disseminate timely lessons for improving pediatric HIV care globally. Between 2014 and 2016—in Cameroon, the Democratic Republic of Congo, Kenya, Lesotho, Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe—ACT rapidly identified children living with HIV (CLHIV) and placed them on treatment. By project end, ACT was supporting 561,610 children (≤ age 19) with high-quality treatment; the number of children under age 15 receiving treatment had increased by 44% across all countries; and ACT had tested 16,431,861 children (≤ age 19) for HIV, with 468,149 found HIV-positive. Results were remarkable given that at ACT launch, fewer than half (44%) of the estimated 1.9 million CLHIV worldwide were receiving ART. This satellite has global stakeholder relevance as countries accelerate efforts to ensure that CLHIV are treated.

Welcome & Introduction

G. Siberry, US Department of State, United States

ACTing in partnership to accelerate impact

K. Harrison, Avert (Formerly ClFF), United Kingdom; L. Marks, Office of U.S. Global AIDS Coordinator and Health Diplomacy, United States

Community-based interventions to reach 95-95-95 for children and adolescents: An exploratory programmatic review from Lesotho

A. Amzel, Office of HIV/AIDS, USAID, United States

Strategies for identifying and linking HIV-infected infants, children, and adolescents to HIV treatment services in resource limited settings

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

Q&A

Beyond early infant diagnosis: Changing the approach to HIV-exposed infants

S. Modi, Division of Global HIV & TB, Centers for Disease Control & Prevention (CDC), United States

For family-centred differentiated service delivery for HIV

A. Grimsrud, International AIDS Society (IAS), South Africa

Pediatric HIV treatment gaps in seven East and Southern African Countries: Examination of modeled data, survey data, and routine program data

S. Saito, ICAP Columbia University, United States

Q&A

Concluding Remarks

S. Ahmed, Baylor College of Medicine Children's Foundation Malawi, Malawi

WESA08 High Rates of Suicide Among People Living With HIV: Implications for the Health and Well-being of Indigenous Peoples

Non-Commercial Satellite

Venue: Emerald Room

Time: 07:00-08:30

Organizer: International Indigenous HIV & AIDS Community

PLWHA have double the risk of dying by suicide than the rest of the population. Two per cent of PLWHA in a recent study of almost 90,000 people diagnosed with HIV in the UK died from suicide, twice that of the national average. PLWHA experience significant stigma and discrimination because of their status with these being major contributing factors to suicide risk. Throughout the world, indigenous peoples have some of the highest rates of suicide recorded, with Indigenous people living with HIV being at elevated risk of suicide due to the high rates of stigma, discrimination and racism they experience. High rates of mental health problems among indigenous people also place them at greater risk of suicide. As well, Indigenous peoples affected by HIV, TB, viral hepatitis and STIs have poor access to discrimination-free health and social services.

History - HIV-related challenges to health for indigenous peoples and their link with the risk of suicide

D. Lambert, International Indigenous HIV and AIDS Community, Canada

Social Health Determinants, Colonisation and Mental Health

M. Mullen aka Pala, International Indigenous HIV and AIDS Community, New Zealand

Indigenous, Transgender and Suicide

P. Brown-Acton, INA (Maori, Indigenous & South Pacific) HIV/AIDS Foundation, New Zealand

WHO, UHC and Indigenous Peoples and Suicide

A. Seale, WHO, Switzerland

2 Spirits and Takataapui (MSM) speaking about HIV, Suicide within Indigenous Peoples spaces

T. Stratton, International Indigenous HIV & AIDS Community, Canada

Suicide Prevention

S. Hillier, Ryerson University, Canada

WESA10 AIDS reality check: Are we even close?

Non-Commercial Satellite

Venue: Hall 10

Time: 18:30-20:30

Organizer: AIDS Healthcare Foundation (AHF)

The world has come far in the war on AIDS, but victory is not yet certain or guaranteed. Global AIDS funding is in decline, the majority of HIV positive people may still not know their status, treatment coverage is not universal, and marginalized groups still see double-digit HIV prevalence rates. We should rightly celebrate successes, but we must also have a realistic outlook on all the work that remains to be done. Join us for a frank discussion with a diverse panel of academics, advocates and patients as we do a reality check on the state of global AIDS.

Panel introductions

L. Wong, AHF, Hong Kong; J. Saavedra, United States

Dr. Penninah Iutung

P. Iutung, AHF Africa Bureau, Uganda

Dr. Olawale Salami

O. Salami, DNDI, Kenya

Jennifer Sharon Boyce

J. Boyce, HIV/AIDS Patient-Advocate, South Africa

Dr. Ricardo Baptista Leite

R. Leite, Parliament of Portugal, Portugal

Prince Manvendra Singh Gohil of Rajpipla

P. Singh Gohil, Lakshya Trust, India

Q&A time

Ambassador Deborah L. Bix

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

Additional Q&A time

WESA11 HIV and co-infections in at-risk populations: addressing cross-border treatment needs and ensuring earlier diagnosis of migrants, homeless, prisoners and other vulnerable populations with co-infections

Non-Commercial Satellite

Venue: Forum

Time: 18:30-20:30

Organizer: EU Health Programme 2014-2020 - European Joint Action INTEGRATE

HIV, viral hepatitis and TB are cross-border health threats of Europe that disproportionately affect vulnerable populations. Migrants, homeless and prisoners, among others, are at increased risk for multiple infections while also at risk for being lost within the continuum of care. There is a need to focus on improved testing activities and linkage-to-care pathways for these populations as well as an integration of services for populations at risk for multiple infections. This session will cover four cross-border EU programmes focused on improving testing and the cascade of care for vulnerable populations with multiple co-infections. The session objectives are:

- Integrated testing approaches that reach vulnerable populations at risk for infection with HIV, viral hepatitis, TB and STIs and lessons learned from the EU initiatives to research the barriers and facilitators.
- Models of care that have been successfully developed that result in integrated testing, evaluation, treatment and cures in identified vulnerable populations.

Welcome introduction and policy framework

J. Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland; L. Cosmaro, Fondazione Lila Milano Onlus, Italy

Welcome and introduction to the INTEGRATE Joint Action

J. Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland; L. Cosmaro, Fondazione Lila Milano Onlus, Italy

EU Policy framework, presenting the Staff Working Document 2018

J. Sion, European Commission, Luxembourg

Monitoring the continuum of care and testing in Europe

A. Amato, European Centre for Disease Prevention and Control, Sweden

Bridging to Eastern Europe and Central Asian countries – opportunities and challenges

E.Vovc, WHO Regional Office for Europe, Denmark

Session 1: Integrated testing approaches – lessons learned and transferability across diseases and borders

J.Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland; L.Cosmaro, Fondazione Lila Milano Onlus, Italy

1.1. HepCare: Lessons learned on HCV testing and treatment among key risk groups, including drug users and homeless, through outreach to the community and integration of primary and secondary care services

J.Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland

1.2 E-DETECT TB: Find and treat models in Netherlands and UK, transferability to Eastern Europe (Romania and Bulgaria) and options for integrated care delivery

G.de Vries, KNCV Tuberculosis Foundation, Netherlands

1.3 Questions from the audience and discussion

Session 2: Round table discussion: Risk groups and co-infections: prevention, linkage to care, and shared care models for care

J.Rockstroh, University of Bonn, Germany; D.Simões, HIV in Europe, Portugal

2.1 Short introductory remarks by INTEGRATE partners

D.Raben, CHIP, Centre of Excellence for Health, Immunity and Infections, Rigshospitalet, Denmark; A.Sullivan, Chelsea and Westminster Hospital NHS Foundation Trust, United Kingdom; J.Casabona, CEISCATT, Spain; V.Delpech, Public Health England (PHE), United Kingdom

2.2 Moderated discussion with panel and audience

J.Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland; L.Cosmaro, Fondazione Lila Milano Onlus, Italy; J.Sion, European Commission, Luxembourg; A.Amato, European Centre for Disease Prevention and Control, Sweden; E.Vovc, WHO Regional Office for Europe, Denmark; G.de Vries, KNCV Tuberculosis Foundation, Netherlands; D.Raben, CHIP, Centre of Excellence for Health, Immunity and Infections, Rigshospitalet, Denmark; A.Sullivan, Chelsea and Westminster Hospital NHS Foundation Trust, United Kingdom; J.Casabona, CEISCATT, Spain; V.Delpech, Public Health England (PHE), United Kingdom

Conclusions and next steps

J.Lambert, Mater Misericordiae University Hospital and University College Dublin, Ireland; L.Cosmaro, Fondazione Lila Milano Onlus, Italy

WESA12 She Conquers: Coordinating the Prevention Revolution for Young Women and Girls

Non-Commercial Satellite

Venue: Elicium 1

Time: 18:30-20:30

Organizer: SOUTH AFRICAN NATIONAL AIDS COUNCIL

In South Africa, adolescent girls and young women aged between 15 and 24 have a disproportionate risk of becoming infected with HIV. Young girls are acquiring HIV infection five to seven years earlier than men and are three to six times more likely to become infected compared with young boys in the same age group. The most recent data shows that each week approximately 1700 adolescent girls and young women are newly infected with HIV and a trend analysis seems to indicate that there is no significant decrease in incidence amongst this group. She Conquers is a three-year national campaign launched in June 2016, which enables coordination, programme excellence, cross-learning and innovation by all stakeholders. This satellite provides an opportunity for many of the She Conquers stakeholders to reflect on programme successes, identify areas for further support and jointly ponder the way forward for impact.

Welcoming Remarks

Voice from the ground

N.Zakwe, DREAMS AMBASSADOR, South Africa

We Need A Revolution

L.Singh, SAT, South Africa

Research on HIV, TB and SRH on Young Women and Girls in South Africa

P.Abdoal-Karim, CAPRISA, South Africa

Two Years of She Conquers - where are we now?

D.Buthelezi, SANAC, South Africa

DREAMS Impact Evaluation

C.Cawood, Epicenter, South Africa

Choma Cafe

D.Mukhuna, PSI, Malawi

First Things First: Responding to the needs of young women in Higher Education

D.Ahluwalia, HEAIDS, South Africa

Psychosocial wellbeing for adolescent girls and young women

D.Toska, University of Cape Town, South Africa

PANEL DISCUSSION: The future outlook of HIV and Sexual Reproductive Health for adolescent girls and young women

D.Surty, Department of Basic Education, South Africa; L.Mafu, Global Fund, Switzerland; E.Jacobs, NACOSA, South Africa; L.Ramafoko, Soul City Institute, South Africa; A.Achrekar, PEPFAR, United States; Y.Pillay, National Department of Health, South Africa

DISCUSSION

WESA13 PrEP in practice: Experiences from delivering PrEP in the field

Non-Commercial Satellite

Venue: Hall 11A

Time: 18:30-20:30

Organizer: The Bill & Melinda Gates Foundation

This satellite symposium will explore experiences and lessons from a selection of the completed and ongoing oral PrEP implementation research studies. The session will look broadly across populations, settings, and delivery mechanisms, focusing on larger themes that emerge when data and lessons are reviewed from various settings and geographies together. There will be time for a moderated panel discussion with audience participation.

Welcome and introduction

N.Mugo, KEMRI/University of Washington, Kenya

Setting the stage for PrEP: Where are we now and where should we go?

M.Warren, AVAC, United States

PrEP in populations at high risk: Prioritizing populations and positioning PrEP

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

Reaching those most at-risk through a general population approach: PrEP in the context of a generalized HIV epidemic

S.Matse, Ministry Of Health (Swaziland National AIDS Program), Swaziland

Community-led PrEP delivery: Getting it right

S.Reza-Paul, University of Manitoba, India

PrEP delivery in public health settings: Successes and barriers

M.Sarr, Westat, United States

Moderated panel discussion

J.Presley, Bill & Melinda Gates Foundation, United States

Closing remarks

R.Eakle, Wits Reproductive Health and HIV Institute, South Africa

WESA14 HIV, human rights, and sustainability: From analysis to action

Non-Commercial Satellite

Venue: Hall 11B

Time: 18:30-20:30

Organizer: Global Institute for Health and Human Rights (GIHHR) International AIDS Society (IAS) OPEC Fund For International Development (OFID)

The purpose of this session is to advance the call to action for governments, lawmakers and stakeholders to remove legal barriers to health and human rights. Panellists' will provide an overview of the legal, social and political barriers to HIV and AIDS care in conservative social settings, showcase model programmes that effectively address these action items around the world and discuss adaptation and replication in countries of the Middle East, North Africa, Eastern Europe and Central Asia regions.

Welcome and Introduction

A. Alaei, Institute for International Health and Education, United States

Opening Remarks

S. Hashemzadeh, OFID, Austria

Removing legal and structural barriers to HIV services; HIV services for women prisoners and women who inject drugs in Afghanistan, Nepal and Pakistan

F. Soltani, UNODC, Austria

Creating Protective Legal Frameworks that outlaw discrimination against key and priority populations

M. Kirby, Global Commission on HIV and the Law, Australia

Mechanisms for Data Safety and Security

H. Mahler, FHI 360/LINKAGES, United States

Measuring the Impact of Human Rights on Global Health

R. Jurgens, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

Adaptation and Replication – Moderated Panel Discussion

E. Ballan, M-Coalition, Lebanon; N. Risk, The American University of Beirut, Lebanon; J. Nthini, Ypouth Net and Counselling (YONECO), Malawi; A. Grimwood, Kheth'Impilo, South Africa; O. Ibragimova, ALE Kazakhs Union of People Living with HIV, Kazakhstan; G. Akhmetova, Republican AIDS Centre, Kazakhstan; R. Willam, Sindh Transgender Network, Pakistan; P. Wandawa, The AIDS Support Organization (TASO), Uganda

Questions and Answers

Closing Remarks

C. Beyrer, Johns Hopkins University, United States; K. Alaei, Institute for International Health and Education, United States

WESA15 Scaling Breakthrough Innovations to Transform the Adolescent AIDS Response – A High Level Panel

Non-Commercial Satellite

Venue: E105-108

Time: 18:30-20:30

Organizer: UNICEF, UNAIDS, IrishAID, IAS

Adolescents are the only demographic segment for whom hard-won gains in HIV-related morbidity and mortality remain elusive. Investments to rapidly expand coverage with adolescent-responsive service delivery models have not kept pace with their preferences, desires, and needs. Yet, the demographics predict a youth bulge as the HIV exposed-infant platform is strengthened, and children living with HIV experience improved survival prospects.

This event will explore the innovation landscape, examining key policy, programmatic, and technological innovations underway to address the challenge of Adolescent AIDS. Distinguished panelists will reflect on the tendency for innovations to remain at pilot scale, and will examine critical leadership, policy, systems, and financial attributes that have supported transformative scaling in a select few contexts, identifying critical themes that could inform the global Adolescent AIDS Response. Most importantly, Adolescents and Youth Advocates will reflect on opportunities to leverage their agency, voice and participation in strengthening delivery platforms for Adolescents.

Reaching the adolescent and youth - China's O2O HIV Testing Model

Video Intro: Step Up

Reaching the adolescent and youth - China's O2O HIV Testing Model

P. Liu, Chinese Association of STD/AIDS Prevention and Control, China

Innovative solutions for Adolescents living with HIV

L. Cluver, Oxford University, United Kingdom

WESA16 Building a path to HCV elimination: Community perspectives in strengthening co-infection policy responses

Non-Commercial Satellite

Venue: G102-103

Time: 18:30-20:30

Organizer: Coalition PLUS

Across all income settings, hepatitis C poses a significant threat to persons living with HIV. While the mobilization of communities and governments in recent years has been encouraging, most countries still face a long path to HCV elimination in both mono- and co-infected populations. The WHO estimated in 2016 that 2.3 million people living with HIV are co-infected with hepatitis C virus (HCV), of whom 1.3 million are people who inject drugs (PWID). Two years on, the extent that co-infection numbers have since changed remains unclear in many countries. Through presentations and panel discussions including community and government representatives, the session will: discuss how to target PLHA, PWID and MSM in hepatitis programs; discuss the role, perspective, and experience of most-affected communities in HCV responses.

Welcoming Remarks

N. Ritter, Coalition Plus, France

The HIV/HCV co-infection landscape

M. Vitoria, WHO, Switzerland

Mind the Gap: HCV policies versus community experience

M. Karkouri, Association de lutte contre le Sida (ALCS), Morocco

Panel Session 1-Access to testing and treatment

S. Khemnark, National Viral Hepatitis Subcommittee, Ministry of Health, Thailand; M. Bamrotiya, National AIDS Control Organization-India, India; R. Nalinikanta, Community Network for Empowerment (CoNE), India; S. Golovin, International Treatment Preparedness Coalition (ITPC), Russian Federation; K. Lacombe, Saint-Antoine Hospital (AP-HP), France

Panel Session 2-Elimination of HCV co-infection among PLHA: How to get there and why it must be prioritized

C. Thomas, Indonesian Drug Users Network (PKNI), Indonesia; A. Benzaken, Ministry of Health, Brazil; A. Suleiman, Sector HIV/STI/Hepatitis C, Ministry of Health, Malaysia; M. Klein, McGill University Health Centre, Canada

Closing Remarks

S. Seydoux, Ministry of Foreign Affairs, France; R. Matiru, UNITAID, Switzerland

WESA17 Intersectional Stigma: Measurement and Interventions Strategies to Address Multiple Intersecting Stigmas that Potentiate HIV Risks and Limit Engagement in Care

Non-Commercial Satellite

Venue: G104-105

Time: 18:30-20:30

Organizer:

Stefan Baral, Key Populations Program, Johns Hopkins School of Public Health and Barbara Friedland, Project SOAR, Population Council

This satellite has received support from the Office of AIDS Research and National Institutes of Mental Health (R01MH110358) and from Project SOAR (AID-OAA-13-00060) funded through the President's Emergency Plan for AIDS Relief (PEPFAR) and United States Agency for International Development (USAID)

There is consensus about the importance of addressing the multiple intersecting stigmas that potentiate the risk of HIV acquisition and contributes to adverse outcomes among those living with HIV. Intersecting stigmas can include those related to HIV status, gender identity, sexual orientation, race and ethnicity, sexual practices, occupation, mental health, and addictions. However, there is limited consensus on the methods for measuring intersectionality. Moreover, documenting the mechanisms by intersectional stigmas can limit engagement in HIV services and lead to HIV risk is crucial towards informing the implementation of evidence-based and human rights-affirming responses. And while still limited in 2018, there is a growing body of evidence of programmatic approaches to address intersecting stigmas.

Speakers will focus on the newest tools and strategies for measurement and analytic approaches, describe findings from the use of the latest tools to measure intersectional stigma, and ultimately describe approaches to intervene on intersectional stigmas.

Introduction

A.Cheng, U.S. Agency for International Development (USAID), United States; C.Mallouris, UNAIDS, Switzerland

How many scales do we need to include? An overview of intersectional stigma measurement approaches

A.Scheim, University of California San Diego, United States

Measuring demonstrated comprehensive knowledge about HIV Stigma. A new strategy for addressing multiple programmatic approaches

S.Kentutsi, NAFOPHANU, Uganda

Measuring intersectional stigmas using the revised People Living with HIV (PLHIV) stigma index: Results from Cameroon, Uganda and Senegal

G.Turpin, Center for Public Health and Human Rights Key Populations Program, Johns Hopkins University, United States

Moderated Discussion - Measuring Intersectional Stigmas

A.Cheng, U.S. Agency for International Development (USAID), United States

The impact of multiple stigma on patients' involvement in HIV testing and treatment. Community Response to Stigma in Ukraine (USAID) RESPECT Project)

O.Bryzhovata, Network of People Living with HIV, Ukraine

Integrating intersectionality into stigma interventions

C.Logie, University of Toronto, Canada

Reducing intersectional stigma among health service providers: results from an intervention in Bangladesh

S.Göbel, Population Council, United States

Moderated Discussion - Interventions for Intersectional Stigmas

C.Mallouris, UNAIDS, Switzerland

Closing

A.Cheng, U.S. Agency for International Development (USAID), United States; C.Mallouris, UNAIDS, Switzerland

WESA18 Results of the MaxART Implementation Study in Swaziland: Early Access to ART for All in government managed health settings in Southern Africa

Non-Commercial Satellite

Venue: E102

Time: 18:30-20:30

Organizer: MaxART Consortium

The Maximizing ART for Better Health and Zero New HIV Infections (MaxART) Implementation Study in Swaziland demonstrates that early ART in a government managed health setting is feasible and effective in improving clinical outcomes and reducing new infections. The study evaluated the acceptability, clinical outcomes, affordability, and scalability of offering early ART to all. The programme was made possible by the entrepreneurial spirit of both Aidsfonds kick-starting programs and Dutch Postcode Lottery funding. During this session we will present the results of our study, related to clinical outcomes, costs, social science and community engagement. Led by the Ministry of Health, and in collaboration with civil society and communities, the MaxART programme contributed to a nationwide reduction of HIV incidence with 44% (IAS, 2017), an important step towards ending AIDS epidemic.

Session Objective

Share final results of the MaxART Implementation Study, providing practical insights for policy makers, researchers, government leaders, communities and other stakeholders in Southern Africa about how to shift to and implement 'Test & Start'.

Opening

D.Mazibuko, CDC Eswatini, PEPFAR Eswatini, Swaziland

MaxART Video Screening

Overview MaxART Early Access to ART for All study and clinical findings

D.Lukhele, Ministry of Health, Eswatini, Swaziland

Cost Analysis of Universal Test & Treat in Eswatini

D.Khan, Clinton Health Access Initiative, United States

The crucial role of communities in implementing Universal Test & Treat: experiences from Eswatini

D.Mlambo, Clinton Health Access Initiative, Swaziland

The role of context in successful implementation of UTT in Eswatini. Insights from Social Science Research in MaxART.

P.Reis, University of Amsterdam, Netherlands

Test & Start implementation in Swaziland

H., Eswatini, Ministry of Health, Eswatini, Swaziland

Facilitated Discussion

Closing Remarks

D.Mazibuko, CDC Eswatini, PEPFAR Eswatini, Swaziland

WESA19 Healthy aging for people living with HIV: Achieving the 4th 90

Non-Commercial Satellite

Venue: Emerald Room

Time: 18:30-20:30

Organizer: ICAP at Columbia University

The "greying of the HIV epidemic" has raised important questions about the effect of aging on people living with HIV and the effect of HIV infection on the aging process. At the same time, little attention has been given to the risk for HIV acquisition among older individuals or the ability of health systems in low- and middle-income countries to adapt to these changing demographics.

ICAP at Columbia University proposes to host a satellite session to explore these vital issues. The session will include individual presentations on various aspects of this issue, to be followed by moderated panel discussion with ample opportunity to engage the audience.

Welcome

J.Justman, ICAP at Columbia University, United States

Introductions and Framing Remarks

T.Harris, ICAP at Columbia, United States

The Impact of Aging on People Living with HIV

J. Currier, University of California at Los Angeles, United States

Q&A

Ageing with HIV: The NIH Research Agenda

M. Goodenow, NIH Office of AIDS Research, United States

Differentiated Care for People Aging with HIV

P. Asero Ochieng, Dandora Community AIDS Support Association (DACASA), Kenya

Q&A

Closing Remarks

T. Harris, ICAP at Columbia, United States

WESA09 Mastering the ART: Perspectives Evolved

Major Industry Sponsor Satellite

Venue: Elicium 2

Time: 18:30-20:30

Co-Organizers: Prof Dr Kees Brinkman, Netherlands
Bruce Richman, United States

Continual innovations in HIV treatment and the care journey have taken us a long way, but there's more to be done; we may have the tools we need, but what is essential to build the next stage? Join us as we glimpse back in time and reflect on the lessons from ART, and gaze with us into a landscape with PLHIV at the centre of care. Come to reflect on a vivid story told from personal experiences, and ask yourself, what does remaining undetectable mean to you? All delegates are welcome.

Chair's welcome

P. Brinkman, Onze Lieve Vrouwe Gasthuis, Netherlands; B. Richman, Prevention Access Campaign, United States

Lessons from the history of ART

D. Cartledge, Mortimer Market Centre, United Kingdom

Designing a new horizon in HIV

P. Brinkman, Onze Lieve Vrouwe Gasthuis, Netherlands

Illuminating the patient journey

P. Bliss, -, Ireland

Q&A and Chair's close

P. Brinkman, Onze Lieve Vrouwe Gasthuis, Netherlands; B. Richman, Prevention Access Campaign, United States
