Non-inferior efficacy of dolutegravir (DTG) plus lamivudine (3TC) versus DTG plus tenofovir/emtricitabine (TDF/FTC) fixed-dose combination in antiretroviral treatment-naïve adults with HIV-1 infection - 48-week results from the GEMINI studies


Argentina

Non-inferior efficacy for darunavir/ritonavir 400/100 mg once daily versus lopinavir/ritonavir, for patients with HIV RNA below 50 copies/mL in South Africa: The 48-week WRHI 052 study

F. Venter, M. Moorhouse, S. Sokhela, E. Maharaj, G. Akpomie, B. Simmons, C. Serenata, A. Hill

South Africa

TUAD01 Harm reduction: I can’t get no satisfaction

Oral Abstract Session

Venue: Hall 11A

Time: 11:00-12:30

Co-Chairs: Naomi Burke Shyne, Harm Reduction International, United Kingdom

Johanna Mirjam Wildschut, AFEW International, Netherlands

Study on drug consumption rooms on current practice and future capacity to address communicable diseases like HCV

E. Schatz, V. Beleckova

Netherlands

You don’t feel freedom inside: Causes and factors influencing the adherence to the substitution therapy program in Khujand, Tajikistan

N. Ilhomjon, A. Sarang

Tajikistan

Increased methadone dose reduces illicit drug injection among HIV negative methadone clients in Myanmar

S. Tun, V. Balasingam Kasinather, D. Singh Mahinder Singh

Myanmar

Reducing harm caused by drugs: HIV prevention among people who inject drugs in South Africa

E.M. Sibanda

South Africa

Combatting the HIV epidemic among people who inject drugs in ground zero of the war on drugs - the Afghan experience

A.A. Rezaee

Afghanistan

TUAA01 From conception to delivery: The vaccine discovery pipeline

Ooral Abstract Session

Venue: E105-108

Time: 11:00-12:30

Co-Chairs: Marylyn Addo, Universitätsklinikum Hamburg-Eppendorf (UKE), Germany

Tetsuro Matano, AIDS Research Center National Institute of Infectious Diseases, Japan

Two-component self-assembling nanoparticle vaccines that present multiple HIV-1 envelope trimers


Netherlands

A CD4-mimetic compound enhances vaccine efficacy against stringent immunodeficiency virus challenge


United States

www.aids2018.org
Tuesday 24 July | Sessions

Oral MVA/protein HIV vaccination with a needle-free injector induces robust systemic and mucosal antibody responses in rhesus macaques
United States

Long-term data from APPROACH: Phase 1/2a randomized, double-blind, placebo-controlled study evaluating safety/tolerability and immunogenicity of vaccine regimens using combinations of Ad26.Mos.HIV, MVA-mosaic and gp140 envelope protein
United States

HPX1002/IPCADD010: A randomized controlled trial evaluating the safety and immunogenicity of shorter and simpler vaccine schedules using Ad26.Mos.HIV combined with gp140 Env protein
United States

HIV prevalence in sub-Saharan Africa (SSA) continues largely unchanged, while globally incidence is declining but too slowly for sustainable provision of care. There remain critical gaps in all aspects of the continuum of HIV prevention and care that need to be defined and addressed to achieve zero new infections and an AIDS-free future. Four large community-randomised trials have been carried out to measure the impact on HIV incidence of universal test-and-treat (UTT) interventions in high burden, resource-constrained settings, in predominantly rural communities in Uganda, Kenya, Botswana and South Africa; and in predominantly urban communities in Zambia and South Africa.

This session will explore the lessons learned from innovative community-wide approaches designed to enhance coverage against the UNAIDS 90-90-90 targets. It will compare data from the four trials using cross-disciplinary approaches, and open for wider debate the implications and generalizability of their findings.

Introduction
R. Hayes, London School of Hygiene and Tropical Medicine, United Kingdom

Comparing and contrasting the study designs of the four UTT trials
J. Orme-Glemann, INSERM U987 – Université Victor Segalen Bordeaux 2, France

Estimates of coverage against the 90:90:90 UNAIDS targets: Comparison of methods and findings
K. Sabapathy, London School of Hygiene and Tropical Medicine, United Kingdom

Where are the coverage gaps? Data from the four UTT trials
S. Lockman, Harvard T.H. Chan School of Public Health, United States

Research on HIV-related stigma across UTT trials
C. Camlin, University of California - San Francisco, United States

Panel discussion
D. Pillay, Africa Centre for Population Health, South Africa; H. Ayles, Zambart, Zimbabwe; R. Labelyoniane, Botswana Ministry of Health and Wellness, Botswana; D. Havil, University of California, San Francisco, United States; F. Walsh, Clinton Health Access Initiative, United States

Closing remarks

TUAD02 The defence does not rest: Resisting the criminalization of HIV
Oral Abstract Session

Venue: Emerald Room
Time: 11:00-12:30
Co-Chairs: Annabel Raw, Southern Africa Litigation Centre, South Africa
Florence Anam, The International Community of Women Living with HIV, Kenya

The new AIDS denialism: How criminal courts’ dismissal of modern science perpetuates HIV stigma, discrimination and criminalisation
E.J. Bernard, S. Cameron
United Kingdom

Decriminalising HIV: How people living with HIV translated quantitative research into community action and legislative transformation
H. Turk, A. Ochs, A. Hasenbush
United States

Step by step: Ending unjust HIV criminalization in Canada through community advocacy based on science and rights
R. Elliott, N. Caivano, C. Kazatchkine, A. McClelland, C. Clarke, L. Pelletier-Marquette, N. Self, V. Nicholson
Canada

Marginalized women living with HIV at increased risk of viral load suppression failure: Implications for prosecutorial guidelines regarding criminalization of HIV non-disclosure in Canada and globally
A. Kripa, K. Deering, F. Ranville, L. Gurney, M. Braschel, B. Bernard, S. Cameron
United Kingdom

How punitive laws have encouraged human rights violations and increased HIV/AIDS transmission among gays and other men who have sex with men in Nigeria
C. Chiata
Nigeria

TU0801 From trials to programmes: Lessons learned from four trials of Universal Testing and Treatment (UTT) in Sub-Saharan Africa
Bridging Session

Venue: Elicium 2
Time: 11:00-12:30
Co-Chairs: David Serwadda, Makerere University School of Public Health, Uganda
Richard John Hayes, London School of Hygiene and Tropical Medicine, United Kingdom

In many countries, human rights and health needs of key and vulnerable populations are still not addressed or are not addressed at scale. This severely hampers access to information and prevention, is the cause of late diagnosis, and limits access to treatment. The challenge is more of a political nature than financial or programmatic.

Introduction
S. Magedal, Norwegian Institute of Public Health, Norway
Michel Sidibé, UNAIDS, Switzerland

Politics addressing the needs of vulnerable population: lessons learned from Macedonia
M. Carovska, Minister of Labour and Social Policy, Macedonia, FYR

Advocating for vulnerable populations: what did we get right; where are we failing?
D. Douf, ENDA Tiers Monde, Senegal

Lobbies against vulnerable populations
J. Cohen, Open Society Foundations, United States

www.aids2018.org

2 / 14
Tuesday 24 July | Sessions

Strategies to move sensible legislations
R.Drefuss, Former President of Switzerland and Chair Global Commission on Drug Policy, Switzerland

Moderated panel and audience discussion

Closing remarks
S.Magedal, Norwegian Institute of Public Health, Norway; M.Sidibé, UNAIDS, Switzerland

TUSY02 Harnessing information for HIV prevention
Symposia Session

Venue: Hall 10
Time: 11:00-12:30

Co-Chairs: Lorraine Sherr, University College London, United Kingdom
Roger Kouyos, University of Zurich, Switzerland

Several state-of-the-art methodologies and technologies have been introduced over the past decade, including:

- the theory of syndemics (for example, mental health, substance abuse, and sexual risk taking) within key and vulnerable populations and how they may interact with adverse social conditions (for example, migration, political unrest, and financial instability) in different geographical regions to drive the ongoing HIV epidemic
- real-time molecular epidemiology that can be used to rapidly identify clusters of new infections within geographically or demographically defined groups
- geographical information systems that can be used to understand the social and geographical structure of communities and to identify locations with high HIV prevalence and/or incidence

This session will describe ways in which information from these methodologies and technologies can be incorporated into prevention programmes that are tailored to local populations. The session will also discuss some of the ethical and legal issues that may arise when incorporating these methodologies into prevention programmes.

Introduction

An introduction to syndemic theory, the role of syndemics in driving the HIV epidemic in different key and vulnerable groups, and how this information can be used to support tailored prevention programmes
T.Poteat, Johns Hopkins Bloomberg School of Public Health, United States

Understanding infection clusters – can this help us target prevention?
C.Fraser, University of Oxford, United Kingdom

Use of spatial analytical approaches to identify of ongoing HIV micro-epidemics in rural South Africa
F.Tanser, University of KwaZulu-Natal, South Africa

The ethical and legal issues that may arise when using syndemic theory, real-time molecular epidemiological methods and GIS to identify sexual and social networks at risk of HIV
G.Henderson, University of North Carolina, United States

Panel discussion

Closing remarks

TUSY03 Where will resources come from to end AIDS?
Symposia Session

Venue: Elicium 1
Time: 11:00-12:30
Chair: Kieran Daly, Bill and Melinda Gates Foundation, United States

The session will explore the dynamics in funding for AIDS in rapidly shifting international development and domestic resources and political landscapes. The aim of the session will be to give a clear picture of the long-term investment estimates for an effective AIDS response and challenge: where the money comes from, by whom and how it is allocated. The session will bring together the voices and perspective of civil society, donors, implementers, and governments in their efforts to ensure sustainability (including within transitioning contexts). Moreover, when civic space is being challenged in many places, NGO’s social contracting is a vital strategy for delivery of HIV and health services, ensuring adequate resources for Civil society, and reaching key populations. The session will explore not only what resources are needed, but also identify barriers and solutions to ensure that the role of civil society is resourced: as advocates, watchdog, and service providers.

Welcome and introduction
K.Daly, Bill and Melinda Gates Foundation, United States

Setting the context for the resource needs and sources to end AIDS
K.Daly, Bill and Melinda Gates Foundation, United States

The international development aid landscape of today (beyond AIDS)
P.Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

If community responses are integral to the AIDS response, where is the money for civil society?
R.Fransen, International Civil Society Support (ICSS), Netherlands, Netherlands

Comprehensive HIV response under sustainable development era, WHO European Region’s perspective
Z.Jakab, World Health Organization Regional Office for Europe (WHO), Denmark

Domestic funding for AIDS: the pros, cons, risks and opportunities
R.Stuikyte, , Lithuania

How to translate the multisectorality of AIDS to a multisectoral budget (at national level)
I.Perea, Federal Ministry of Health, Germany

Role of the private sector in resourcing the AIDS response
P.Stoffels, Johnson & Johnson, Belgium

Moderated discussion with the audience

Concluding remarks
K.Daly, Bill and Melinda Gates Foundation, United States

TUSY14 Innovations in social and behavioral science: Frameworks, methods, and measures
Symposia Session

Venue: Hall 11B
Time: 11:00-12:30

Welcome and introductions
J.de Wit, Utrecht University, Netherlands; J.Auerbach, University of California San Francisco, United States

The roles of behavioral and social sciences research in the fight against HIV/AIDS: A functional framework
P.Gast, National Institutes of Health, United States

An adolescent girls and young women’s HIV risk in sub-Saharan Africa
K.Steenberg, University of Maryland, United States

Using social science methods to understand pathways to impact: A national HIV self-testing intervention targeting men who have sex with men and trans people in England and Wales
T.Witzel, London School of Hygiene and Tropical Medicine, United Kingdom
Tuesday 24 July | Sessions

Combining social science methods with mechanisms for community empowerment for the codeign of effective digital health interventions in HIV: Lessons learnt from the H2020 EmERGE project
M. Darking, University of Brighton, United Kingdom

There may be harm in not asking: The state of behavioral and social science research in global HIV prevention research
M. Warren, AVAC, United States

Discussion and Q&A

TUWS01 Handle with care: How to document human rights violations among the most vulnerable groups of key populations
Science Workshop
Venue: G102-103
Time: 11:00-12:30
Level: Intermediate
Target audience: Social or behavioural science researcher, Advocate, Activist
Seating limit: 300

This workshop aims to provide space to discuss organizing the research of human rights violations faced by the most vulnerable subgroups of key populations and to exchange best practice in connecting with the victims and accessing ethical documentation and data interpretation, in addition to protecting victims from pressure on behalf of the state.

Presentation of workshop topics and speakers

Overview of the state-run assessment of OST services in Kazakhstan
O. Ibragimova, ALE Kazakhs Union of People Living with HIV, Kazakhstan

Overview of a study on drug user women parental rights
N. Plotko, Eurasian Harm Reduction Association, Lithuania

International Human Rights protection mechanisms
M. Golichenko, Canadian HIV/AIDS Legal Network, Canada

Interventions from the floor

Summary of discussions and recommendations

TUWS02 Taking down stigma and discrimination towards youth: Building quality of care in health facilities
Community Workshop
Venue: G104-105
Time: 11:00-12:30
Level: Intermediate
Target audience: Physician, Nurse, Paediatrician
Seating limit: 277

Co-Facilitators: Piriæa Kiwia, Kimara Peer Educators and Health Promoters Trust Fund, United Republic of Tanzania
Gloria Nawayanga, UNYPA, Erick Manga, USAID, Laura Nyblade, HP+/RTI, United States
Sara Bowsky, HP+/Palladium, United States

Self-reflection and small group work to identify ways that youth seeking HIV and SRH services are being stigmatized and how S&D can be addressed in health facilities. Recognizing that youth account for a disproportionate number of new HIV infections and face S&D when trying to access HIV and SRH services, the USAID- and PEPFAR-funded HP+ project included a focus on S&D towards youth in health facilities in an evaluation study of health facility-based S&D-reduction intervention in Tanzania. Based on findings and lessons learned in Tanzania, the workshop will include a presentation on the baseline data and how it shaped intervention design, and share participatory S&D-reduction activities focused on reducing S&D towards youth in health facilities.

Variables used to measure stigma and discrimination towards youth
P. Kiwia, Kimara Peer Educators and Health Promoters Trust Fund, United Republic of Tanzania; L. Nyblade, HP+/RTI, United States

www.aids2018.org
Tuesday 24 July | Sessions

How youth and researchers can work together

Participatory reflection on group takeaways

Confidentiality exercise: Reflect on how it feels to put your private information in someone else's hands

Self-reflection exercise: I remember when...

Group work part 1: Discussing comfort and discomfort

Group work part 2: Improving health services for youth

Sharing perspectives

Closing remarks

TUWS04 We are women with voices, not an HIV diagnosis! Sharing experiences on processes of individual and collective empowerment driven by women's lives, bodies and creativity

Public Workshop

Venue: GV Session Room 1

Time: 11:00-12:30

Traditional ways of working with women with HIV focus on their diagnosis rather than addressing their specific needs and guaranteeing their rights. Methodologies based on providing information are not enough for them to build both leadership and capacities for advocating on their rights. At the end of the workshop, participants will be aware of the value of empowerment methodologies based on gender and a human rights approach. They will learn about partnership potential among feminists, women with HIV and artistic movements. The workshop will be itself a space to boost networking and joint action.

Introduction

M. Alvarez Rudin, Hivos America Latina, Costa Rica

Participatory exercise based on empowerment methodology

Sharing experiences and lessons learned:

Interventions of women (ICW representatives)

from Colombia, Costa Rica, and from Hivos and Magdalena network

M. Alvarez Rudin, Hivos America Latina, Costa Rica; R. Linare


Closing activity

TUWS05 HIV elimination is now a reality for gay men: What is working and how do we replicate our successes for all?

Public Workshop

Venue: GV Session Room 2

Time: 11:00-12:30

This session will provide the scientific evidence behind the decline in HIV transmission observed in gay men and will transfer the knowledge of the range of interventions used to reduce transmission, including the crucial role of community activism. Facilitators and participants will share perspectives on what interventions worked best alone or in synergy, particularly capturing the views of gay men. The session will motivate the audience that the elimination of HIV transmission is possible for all key populations.

Introduction and aim of workshop

V. Delpech, Public Health England (PHE), United Kingdom

What’s the evidence?

V. Delpech, Public Health England (PHE), United Kingdom; A. Grulich, The Kirby Institute, Australia; C. King, Housing Works, United States

Making it happen

J. Holden, NSW Ministry of Health, Australia; J. Anderson, Fast track Cities, United Kingdom; U. Davidson, Public Health Service of Amsterdam (GGD), Netherlands

What worked? Civil society and community perspective

C. King, Housing Works, United States; K. Price, ACON- AIDS Council of NSW, Australia; Y. Azad, National AIDS Trust, United Kingdom

Questions, answers and concluding remarks

TUPDD01 #UsToo: Violence against key populations

Oral Poster Discussion Session

Venue: Hall 11A

Time: 13:00-14:00

Co-Chairs: L. Leigh Ann van der Merwe, S.H.E Feminist Collective of Transgender Women in Africa, South Africa; Michelle Decker, Johns Hopkins University, United States

Self-reported violence, perpetrators, and post-violence care received by key populations in the Integrated MARPs HIV Prevention Program in Cross River State, Nigeria 2016-2017


Nigeria

Partner violence: A significant part of a syndemic among Black men who have sex with men

E. Wu, N. El-Bassel, L. Gilbert

United States

Prevalence and predictors of violence against female sex workers in Zambia


France

"We're going to leave you for last because of how you are": transgender women's experiences of gender-based violence in healthcare, education, and legal settings in Latin America and the Caribbean


United States

Women who use drugs in Estonia: Human rights violations as deterrents from HIV treatment

M. Plotko, A. Kontautaité, D. Matushina, M. Golichenko, M. Kalvet, E. Antinova

Lithuania


United States

TUPDX01 PreEP in the real world: What are we learning?

Oral Poster Discussion Session

Venue: Hall 11B

Time: 13:00-14:00

Chair: Maria Prins, Academic Medical Centre (AMC), University of Amsterdam, Netherlands

The responsibility of PreEP: A qualitative exploration of men who have sex with men's use of informal PreEP in London

S. Paparni, W. Nutland, V.-K. Nguyen

Switzerland

Attitudes regarding HIV, PreEP and condom use jointly predict risk compensation among men who have sex with men - findings from the VicPreEP implementation project, Melbourne

J. de Vla, D. Murphy, L. Lai, J. Audsley, C.K. Fairley, M. Stoove, N. Roth, R. Moore, B.K. Tee, N. Parutmaja, R.M. Grant, E. Wright

Netherlands

The new MTV generation: Using methamphetamine, Truvada and Viagra to enhance sex and stay safe
Tuesday 24 July | Sessions

N.A. Hammoud, S. Vaccher, A. Bourne, B. Haire, T. Lea, F. Jin, L. Maher, G. Prestage
Australia
High incidence of hepatitis C virus (re-)infections among PrEP users in the Netherlands: Implications for prevention, monitoring and treatment
E. Hoornenborg, L.N. Coyer, R.C.A. Achterberg, M.F. Schim van der Loof, S. Bruisten, H.J.C. de Vries, T.J.W. Van de Laar, M. Prins, on behalf of the Amsterdam PrEP Project Team in the HIV Transmission Elimination Amsterdam Initiative (H-TEAM)
Netherlands
Expansion of HIV pre-exposure prophylaxis (PrEP) among key populations in PEPFAR’s global program data, fiscal year 2016-2017
G. Diemand, T. Bingham, I. Benech, T. Wheeler, A. Sanicki, S. Rizza
United States
Altered TDF/FTC pharmacology in a transgender female cohort: Implications for PrEP
United States
Drug-drug interactions between the use of feminizing hormone therapy and pre-exposure prophylaxis among transgender women: The IFACT study
Thailand
TUPDD02 Active engagement or missing in action: Community voices in HIV research
Oral Poster Discussion Session
Venue: E105-108
Time: 13:00-14:00
Co-Chairs: Prince Bahati, IAVI, Kenya
Kawango Agot, Impact Research and Development Organization, Kenya

Process as product: Implementing participatory, rights-based research with female sex workers, men who have sex with men, and transgender women
United States
Adolescent and young people’s participation and representation in clinical trials: Lessons from a community-wide HIV testing and treatment study, the HPTN 071 (PopART) study
M. Simwiga, J. Mwate, T. Ng’ombe, S. Mills, R. Vannakpit, P. Phanuthak, N. Phanuphak, IFACT study team
Zambia
Diverging perspectives on the role of a community advisory board at a biomedical HIV prevention research centre in South Africa
South Africa
Stakeholder engagement for HIV clinical trials: A systematic review of the evidence
S. Day, M. Blumberg, T. Vu, Y. Zhao, S. Rennie, J. Tucker
United States
Toward standardized metrics for the conduct of community engagement in HIV biomedical prevention research studies
G. Broder, S. Wallace, N. Luthuli, K. Baepane
United States
GIPA in action: PLHIV leadership and guidance in the development of a new PLHIV quality of life scale for the community and policy sector
G. Brown, A. Cogle, C. Cooper, S. O’Connor, B. Allan, S. Malhotra, G. Nikolajczek, J. Power, A. Lyons, F. Drummond
Australia
TUPDC01 Mortality trends in the ART era
Oral Poster Discussion Session
Venue: G102-103
Time: 13:00-14:00
Chair: Lucy Ng’ang’a, University of Nairobi, Kenya
Mortality differences after ART initiation in HIV-positive women from Europe, the Americas and sub-Saharan Africa 2000-2014
I. Harris, Global Mortality Disparities in Women Working Group for IeDEA, EuroSIDA, CASCADE and COHERE in EuroCoord
Spain
High mortality among women living with HIV enrolled in Canada’s largest community-based cohort study
A. Kaida, R. Gormley, K. Webster, A. Carter, V. Nicholson, L. Wang, P. Sereda, R. Hogg, A. de Pokomandy, M. Loutfy, on behalf of the CHWOS Research Team
Canada
V. Pillay-van Wyk, D. Bradshaw, W. Msembali, R. Dorrington, R. Laubscher, P. Groenewald
South Africa
Mortality trends among HIV infected patients at Newlands Clinic in Harare, Zimbabwe
F. Shamu, C. Chimbozite, S. Bole, T. Mudzviti, R. Luethy
Zimbabwe
Trends in mortality among HIV-infected subjects: Differences by HIV coinfection status
B. Alasos, Collaboration of Observational HIV Epidemiological Research in Europe (COHERE) in EuroCoord
Spain
Mortality and cause of death among HIV patients in London in 2016
United Kingdom

TUPDA01 Besieging the reservoir and kicking it where it hurts
Oral Poster Discussion Session
Venue: G104-105
Time: 13:00-14:00
Chair: Timothy Schacker, University of Minnesota, United States
Association between immunogenetic factors and post-treatment control of HIV-1 infection. ANRS VISCONTI and PRIMO studies
France
HCV treatment with direct-acting antivirals (DAAs) in HIV/HCV coinfected subjects affects the dynamics of the HIV-1 reservoir
Argentina
IL-10 contributes to, and is a biomarker for, viral persistence in ART-treated, SIV-infected rhesus macaques
United States
Follicular CD8+ T-cells in gut-associated lymphoid tissue are associated with lower HIV-1 reservoir in the terminal ileum after ART initiated during primary HIV infection
United Kingdom
HIV-1 reservoir diversity and genetic compartmentalization in blood and tissues

TUPDPE01 Geomapping to enhance equitable access
www.aids2018.org
Tuesday 24 July | Sessions

Venue: E102
Time: 13:00-14:00
Co-Chairs: Frank Tanser, University of KwaZulu-Natal, South Africa
          Suzue Saito, ICAP Columbia University, United States

Where are the HIV positives in Kenya? Unmasking testing yield in a spatial context
Norway

Patterns of HIV in the Lake Victoria region, a spatiotemporal analysis
N. Heard, G. Sarfatty, I. Zaidi, C. Fellenz
United States

Density mapping of dating app users across time and space in Mumbai, India
B. Eveslage, P. Shin, C. Parker, B. George, J.J. Baishya
India

Optimizing access for the last mile: Geospatial cost model for point of care viral load instrument placement in Zambia
S.J. Girdwood, B.E. Nichols, C. Mayo, T. Crompton, D. Chimhamwisi, S. Rosen, on behalf of EQUIP
South Africa

Transgender resource map
M. Domingo
United States

Use of geographic information system mapping for scaling-up voluntary medical male circumcision services in Tanzania
Tanzania, United Republic of

TUDB01 Neuro HIV: Cognition, complications and ART toxicity
Oral Poster Discussion Session

Venue: Emerald Room
Time: 13:00-14:00
Chair: Alan Winston, Imperial College, United Kingdom

Persistent immune activation and depression in rural Ugandans initiating antiretroviral therapy
J. Cheng, N. Musinuqui, A. Tsai, C. Muzooro, M. Beenza, Y. Boum, R. Tracy, J. Martin, J. Haberner, D. Bangsberg, P. Hunt, M. Siedner
United States

Variables associated with neuropsychiatric symptoms in PLWH receiving dolutegravir based therapy in phase III clinical trials
United Kingdom

Antiretroviral therapy (ART) interruption is associated with reduced cortical structures compared to uninterrupted ART at age 5 years in HIV-infected children on early ART
South Africa

Ongoing white matter alterations in HIV infected and HIV exposed children: A DTI study at 9 years
F. Mbots, M. Jankiewicz, F. Little, M. Cotton, A. van der Kouwe, B. Laughton, E. Meintjes, M. Holmes
South Africa

Incidence of stroke in HIV-positive patients: A population-based study in Taiwan
H.-L. Lin, P.-C. Chen
Taiwan, China

TUAC01 Forging new pathways towards HIV elimination
Oral Abstract Session

Venue: Elicium 1
Time: 14:30-16:00
Co-Chairs: Andrew Grulich, The Kirby Institute, Australia
           Marie Marcelle Deschamps, Gheskio Centers, Haiti

HIV incidence trends among the general population in Eastern and Southern Africa 2000–2014
United Kingdom

Population viral load and recent HIV-1 infections: Findings from population-based HIV impact assessments (PHIAs) in Zimbabwe, Malawi, and Zambia
United States

Population viral load and recent HIV-1 infections: Results from the ANRS 12249 TasP trial in rural South Africa
France

Trends in percent time spent viiremic among persons newly diagnosed with HIV, San Francisco, CA, USA, 2008 - 2016
A. Hughes, L. Hsu, S. Scheer
United States

HIV prevention in a Fast Track City: Trends in time-dependent HIV cascade indicators among gay and bisexual men attending high HIV caseload testing services in Melbourne, Australia
Australia

TUAE01 Taking testing to the next level
Oral Abstract Session

Venue: Hall 1A
Time: 14:30-16:00
Co-Chairs: Kwame Shanaube, Zambart, Zambia
           Fern Terris-Prestholt, London School of Hygiene and Tropical Medicine, United Kingdom

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The impact of performance-based financing on the delivery of HIV testing, prevention of mother to child transmission and antiretroviral delivery in the Cameroon health system

D. de Walque, P.J. Robyn, H. Saidou, G. Sorgho, M. Steenland World Bank

Diagnosing and treating more infants, faster: Findings from the first multi-country evaluation of routine point-of-care early infant diagnosis in eight sub-Saharan countries


Improving technical efficiency: Reaching first 90 through community index HIV sexual network testing in Zimbabwe. The case of FHI 360 Zimbabwe

A. Muchedzi, N. Mahachi, T. Moga, T. Tafuma, P. Mawora, D. Rabnick, T. Nyaguza, K. Reichert Zimbabwe

Cost-of-testing-per-new-HIV-diagnosis as a metric for monitoring cost-effectiveness of testing programmes in low income settings in Southern Africa: Health economic modelling analysis


Facility-based HIV self-testing for outpatients dramatically increases HIV testing in Malawi: A cluster randomized trial


TUAD03 Lost in transition: Challenges in domestic financing for HIV and human rights

Venue: E105-108

Time: 14:30-16:00

Co-Chairs: Mike Podmore, STOPAIDS, United Kingdom Celestine Mugambi, National AIDS Control Council (NACC) Kenya, Kenya

How loss of PEPFAR support for outreach puts the 90-90-90 targets at risk: Results from a mixed methods evaluation in Kenya and Uganda


What shall be done if donor funding to fight HIV drastically decreases. Transition to sustainable funding of social care services for PLHIV through regional budgets in Ukraine

I. Kraynovych Ukraine

Development of impactful advocacy arguments for domestic investments in HIV response among key population: Experience from EECA region

I. Varentsov, G. Dovbakh, L. Serebryakova Lithuania

Challenges in implementing domestic funding policies for HIV prevention for key populations

S. Talawat, R. Rahman, P. Panitchpakdi Thailand

Assessing and overcoming human rights-related barriers to HIV in 20 countries


To give birth and die: The need of HIV-positive mothers for retention in longer-term HIV care and treatment in Russia


TUBS02 Tuberculosis in prisons

Venue: Auditorium

TUAD03 bridges session: Challenges in domestic financing for HIV and human rights
Tuesday 24 July | Sessions

The AIDS response is proving to be a critical driver for the SDG agenda today. This session will focus on results that political leadership has delivered in certain parts of Europe. It will also look at what more can be achieved with a coherent policy framework both at the European level and within countries across the European Union to ensure that no one is left behind in the AIDS response. Today the HIV, TB and syphilis epidemics continue to rise especially among key populations in Eastern Europe and in parts of southern Europe, and it will be critical to continue to work to address this. All over Europe, political will is needed to overcome policy and legal barriers that still hinder access to services by key populations. It is important to hear from the leadership of some key governments in the European Union about how to take this work forward and ensure that innovations are accessible to all.

This session will be an opportunity to bring together some innovations and best practices and discuss what can be learnt from the work of individual member states today to inform the directions of future work.

### Introduction

M. Sidibé, UNAIDS, Switzerland; E. Dixon-Williams, European AIDS Treatment Group, United Kingdom

#### Keynote address

V. Andriukaitis, European Commission, Belgium

#### Leaving no one behind in the AIDS response: Successes and challenges to achieving the SDG agenda to end AIDS by 2030

A. Buzyn, Minister of Solidarity and Health, France

#### Rising epidemic in Central and Southeast especially the new(er) EU member states and candidate countries of the West-Balkans

F. Bagýnszky, NGO Delegation to the UNAIDS PCB, Germany

#### Human rights, HIV and the SDGs: Migrants in the centre

M. Biot, Médecins Sans Frontières, Belgium

#### Leadership of cities on the Fast Track to ending AIDS

J. Marschan, Municipal Health Service, Netherlands

#### Integrated response – Germens approach to an integrated strategy on HIV, HEP and STIs

S. Weiss, Ministry of Health, Germany

#### Perspectives from Eastern Europe

Z. Król, Ministry of Health, Poland

#### Leadership on HIV as part of SDG implementation: Community leadership for non-discrimination. Portuguese approach

R. Leite, Parliament of Portugal, Portugal

#### Integrated testing: Pilots in Eastern Europe EU member states

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

#### Q&A, wrap-up and closing

M. Sidibé, UNAIDS, Switzerland

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**TUSY06**

Treat the world: Working united across diseases for quality and affordable treatment for all

Symposia Session

**Venue:** Elicium 2  
**Time:** 14:30-16:00

**Chair:** Pradeep Kakkattil, UNAIDS, India

This session will address common issues across diseases in providing long-term, affordable, uninterrupted, quality medications now and in the future. The aim is to identify commonalities across diseases and sectors to articulate joint strategies for long-term care.

**Introduction:** Treat the World

P. Kakkattil, UNAIDS, India

**Generics, a brief perspective**

H. Bresch, Mylan, United States

**Commonalities across treatments and diseases: A brief overview**

A. Hill, St Stephens Aids Trust, United Kingdom

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**TUSY07**

Agenda 2030: Threat or opportunity for the HIV response?

Symposia Session

**Venue:** Hall 10  
**Time:** 14:30-16:00

**Chair:** Mandeep Dhaliwal, United Nations Development Programme (UNDP), United States

This session will explore the risks and opportunities for the AIDS response of an integrated global health and development agenda. The intersections between vulnerability to HIV, poverty, inequalities and social exclusion provide important opportunities to integrate HIV responses within broader health and development efforts, and to advance the Agenda 2030 for Sustainable Development. At the same time, efforts to reach the US$26 billion of investment needed by 2020 to make the Fast-Track targets a reality are clearly off track, and the world is faced with shrinking space for civil society, reduced funding for human rights, and an increasingly challenging political and social space. This session will be a debate where one side will argue that the 2030 Agenda and the SDGs are crucial to ending AIDS as a public health threat by 2030, and the other side argues that the 2030 Agenda has deprioritized AIDS, which has resulted in challenges for the global AIDS response.

**Introduction**

M. Dhaliwal, United Nations Development Programme (UNDP), United States

**Experiences from India on using the 2030 Agenda to strengthen the HIV response**

J. Prasada Rao, United Nations, India

**Introduction first opposing team member**

M. Dhaliwal, United Nations Development Programme (UNDP), United States

**Experiences from Ukraine (and the EECA region) on the challenges of using the 2030 Agenda to strengthen the HIV response**

V. Kurpita, Centre for Public Health, Ministry of Health, Ukraine

**Introduction of second affirmative team member**

M. Dhaliwal, United Nations Development Programme (UNDP), United States

**Learning from our history to build the future of the HIV response**

M. Merson, Duke University, United States

**Introduction of second opposing team member**

M. Dhaliwal, United Nations Development Programme (UNDP), United States

**Civil society perspective on declining donor funding for AIDS**

C. Stegling, International HIV/AIDS Alliance, United Kingdom

**Voting by the audience**

**Closing statement of the affirmative team**

M. Merson, Duke University, United States

**Moderated Q&A with audience**

**Rebuttal of the opposing team**

V. Kurpita, Centre for Public Health, Ministry of Health, Ukraine

**Closing statement of the opposing team**
Tuesday 24 July | Sessions

C.Stegling, International HIV/AIDS Alliance, United Kingdom

Rebuttal of the affirmative team
P.Rao, Global Commission on HIV and the Law, India

Summary and wrap up
M.Dhillon, United Nations Development Programme (UNDP), United States

TUSY08 Comprehensive sexuality education: Time to put evidence of impact into practice
Symposia Session

Venue: Forum
Time: 14:30-16:00
Chair: Olabukunola Williams, Education as a Vaccine (EVA), Nigeria

A number of ministries of health and education have committed to providing comprehensive sexuality education (CSE). Nevertheless, global consensus on the imperative of implementing CSE is missing, and commitment to CSE constitutes a notable omission from the 2030 Development Agenda. Where efforts have been made to implement CSE – both in and out of school – the impact is clear: empowered young people who are accessing services and making healthier choices. Further, evidence has shown that CSE can help change harmful gender norms and help prevent violence against women and girls. Unfortunately, for a range of reasons, these examples remain few and progress remains slow in implementing CSE.

Welcome and introduction
O.Williams, Education as a Vaccine (EVA), Nigeria

Why does comprehensive sexuality education matter?
C.Machanguana, The Clarisse Machanguana Foundation (FCM), Mozambique

What is the role of young people in sexuality education in and out of school?
N.Phanisa Sithole, My Age Zimbabwe Trust, Zimbabwe

Moving towards Maputo: implementing comprehensive sexuality education in schools
S.Steenkamp, Ministry of Education, Arts and Culture, Namibia

Harnessing political will for comprehensive sexuality education across Eastern and Southern Africa
P.Machawira, UNESCO, Zimbabwe

Religious leaders...a critical piece of the puzzle in bringing on board parents and communities in CSE scale up
R.M.Kegehe-Heath, international Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (INERELA+), South Africa

Moderated Q&A

Closing remarks
O.Williams, Education as a Vaccine (EVA), Nigeria

TUSY09 HIV transmission: Virus, host and microbiome
Symposia Session

Venue: Hall 11B
Time: 14:30-16:00
Co-Chairs: Gilda Tachedjian, Burnet Institute, Australia
Alexandra Trkola, University of Zurich, Switzerland

Our incomplete understanding of the events that transpire at the moment of HIV transmission remains the major barrier to ending the spread of HIV. Mounting evidence points to the predominant transmission of as few as one to two individual transmitted founder viruses at the time of mucosal infection, likely limited by a vigorous sieving of the initial viral inoculum both by physical and immune mechanisms. Thus this session will focus on opportunities to fight the virus, recruit the host, and manipulate the environment in the fight to end HIV transmission.

Setting the scene
G.Tachedjian, Burnet Institute, Australia

Why the transmitted virus wins
J.Carlson, Microsoft, United States

Local bugs and HIV transmission: The role of the local microbiome
S.Obiee, Institute of Infectious Disease and Molecular Medicine, University of Cape Town, South Africa

Seeding the latent reservoir following transmission
Z.Brume, Simon Fraser University, Canada

Early events in HIV transmission
T.Ndung'u, Africa Health Research Institute, University of KwaZulu-Natal, South Africa

Wrap up
A.Trkola, University of Zurich, Switzerland

TUWS08 How to write and submit a conference abstract
Science Workshop

Venue: E102
Time: 14:30-16:00
Level: Foundation
Target audience: Post graduate student, Post-doctoral student
Seating limit: 240

Attending conferences is a tremendous opportunity to present research, exchange ideas and discuss with peers. Having one’s abstract selected is a major determinant to, not only attending but, participating at the conference. However, writing a conference abstract can be a challenge. By the end of this workshop, participants will know how to write and submit a well-written conference abstract and increase chances of acceptance. The main part of the workshop covers the practical aspects of writing an abstract, focusing on its structure and the content required in each section. The workshop also provides key take-home messages and offers examples to illustrate both good practice and common mistakes to avoid. Short exercises are used to enhance the learning experience, using audience participation and comprehensive handouts. In addition, participants learn the formal requirements that need to be met and how their abstracts are reviewed, scored and selected by the conference.

Introduction to learning objectives
M.Bras, Journal of the International AIDS Society, Switzerland

How to structure your abstract
M.Bras, Journal of the International AIDS Society, Switzerland;
A.Sohn, amfAR, the Foundation for AIDS Research, Thailand;
S.Kippax, UNSW, Australia

How to correctly write each abstract section
S.Kippax, UNSW, Australia;
M.Bras, Journal of the International AIDS Society, Switzerland;
A.Sohn, amfAR, the Foundation for AIDS Research, Thailand;
S.Kippax, UNSW, Australia

How to avoid common pitfalls that result in the rejection of your conference abstract
A.Sohn, amfAR, the Foundation for AIDS Research, Thailand;
M.Bras, Journal of the International AIDS Society, Switzerland;
S.Kippax, UNSW, Australia

Q&A, evaluation, conclusions
A.Sohn, amfAR, the Foundation for AIDS Research, Thailand;
M.Bras, Journal of the International AIDS Society, Switzerland;
S.Kippax, UNSW, Australia

TUWS09 It is OUR money!: Effective community advocacy to insure domestic resources for sustainable HIV services
Leadership Workshop

Venue: Emerald Room
Time: 14:30-17:00
Level: Intermediate
Target audience: Advocate, Policy specialist, Policy / Programme analyst
Seating limit: 266

www.aids2018.org
Tuesday 24 July | Sessions

Co-Facilitators: Ganna Dovbakh, Eurasian Harm Reduction Association (EHRA), Lithuania
Leila Serebryakova, Caucasus University, Georgia

The workshop is designed based on budget advocacy experience in EECA countries and utilizes knowledge from health financing and public financing fields to help community and civil society leaders to learn how to do budget advocacy work and formulate successful budget advocacy strategies. Participants will get practical skills to (i) formulate realistic budget advocacy aim and target and to formulate and build data collection approaches to convince government to fund services for key populations, and (ii) to monitor and ensure proper implementation of public commitments.

Opening of the session
G. Dovbakh, Eurasian Harm Reduction Association (EHRA), Lithuania

Introductory presentation of key approaches and components of budget advocacy processes based on budget cycle
G. Dovbakh, Eurasian Harm Reduction Association (EHRA), Lithuania; L. Serebryakova, Caucasus University, Georgia

Lessons learned by civil society activists in budget advocacy in different countries and regions
F. Hikum, ARASA, Namibia; E. Bosniovka, HERA, Macedonia, FYR; N. Demchenko, Budget Advocacy School, Ukraine; O. Kucheruk, Budget Advocacy School, Ukraine

Questions and answers to panelists

Practical group work on defining realistic budget advocacy targets

Closing discussion

TUWS06
A free trade agreement and the Human Immunodeficiency Virus walk into a bar...
Community Workshop

Venue: G102-103
Time: 14:30-17:00
Level: Foundation
Target audience: Activist, Advocate, Community health worker
Seating limit: 300
Co-Facilitators: Kajal Bhardwaj, Independent Lawyer, India
Shiba Phurailatpam, Asia Pacific Network of People Living with HIV/AIDS, Thailand
Matthew Kavanagh, Health GAP/Georgetown University, United States
Otheman Mellouk, International Treatment Preparedness Coalition – Global (ITPC), Morocco

This workshop will introduce participants to free trade agreements being negotiated in nearly every developing country that may adversely impact access to affordable generic medicines. The workshop will highlight key features of FTAs that are of public health concern and showcase advocacy by PLHIV networks and other health groups to such negotiations.

Opening remarks

Introduction on free trade agreements and health
M. Kavanagh, Health GAP/Georgetown University, United States

Why should activists be worried about FTA negotiations?
K. Bhardwaj, Independent Lawyer, India

Group work and role play on understanding negotiating dynamics

Panel discussion on activist strategies from India, Argentina and Morocco to counter FTAs
O. Mellouk, International Treatment Preparedness Coalition – Global (ITPC), Morocco; L. Di Giano, Red Latinamerica por el Acceso a Medicamentos, Argentina; L. Gangte, ITPC South Asia, India; N. Ahmar, ALCS, Morocco

Closing remarks

TUWS07
Best practice learning and role playing to deliver health services that are responsive to the needs of key populations
Community Workshop

Venue: G104-105
Time: 14:30-17:00
Level: Intermediate
Target audience: General healthcare / Social services provider, Policy-maker, Community health worker
Seating limit: 277

Co-Facilitators: Dominic Kemps, ViiV Healthcare, United Kingdom
Kevin Osborne, International AIDS Society (IAS), Switzerland
Dilly Lota, ViiV Healthcare, United Kingdom

This workshop will help those working on the front line understand the experiences of key populations by encouraging them to see through the eyes of marginalized groups using role play.

Introduction and short questions and answers session
D. Kemps, ViiV Healthcare, United Kingdom

Breakout session 1

PA Challenges Stigma Prize winner presentation

Breakout session 2

Wrap-up
D. Kemps, ViiV Healthcare, United Kingdom

TUAC02
It's raining men: Key statistics for engagement
Oral Abstract Session

Venue: Elicium 1
Time: 16:30-18:00

Co-Chairs: Carlos F. Caceres, Universidad Peruana Cayetano Heredia, Peru
Kenneth Mayer, The Fenway Institute/Harvard/Beth Israel Deaconess Medical Center, United States

Impact of HIV combination prevention in men who have sex with men, Bangkok, Thailand
United States

Changes in rectal STI incidence and behavioral HIV risk before, during, and after PrEP in a national sample of gay and bisexual men in the United States
J. Parsons, H. J. Rendina, T. Whitfield, C. Grov
United States

Reducing risk of male sex partners: HIV testing, treatment, and VMMC of men in PEPFAR-supported DREAMS districts
United States

Profile of adverse events in a national VMMC program in Mozambique (2009-2017): Reduction in AE with a national scale-up, but three events require further attention
H. Muquingue, S. Nd limbane, E. Necochea, S. Wei, R. Frescas, I. Malimane, A. Jaramillo, M. Mahomed, C. Lee, M. Canda
Mozambique

Results from a cluster-randomized trial to evaluate a microfinance and peer health leadership intervention for HIV and intimate partner violence prevention among social networks of young Tanzanian men
S. Maman, M. Mulawa, P. Balvanz, H. L. McNaughton-Reyes, M. Kilondo, T. Yamantis, B. Singh, L. Kajula
United States

www.aids2018.org
Tuesday 24 July | Sessions

United States

**Integrated biological and behavioural surveillance (IBBS) survey among men who have sex with men in South Sudan**


**TUAD04**

**Time for transformation: Listening to trans voices**

Oral Abstract Session

**Venue:** Hall 11B

**Time:** 16:30-18:00

**Co-Chairs:** Tonia Poteat, Johns Hopkins Bloomberg School of Public Health, United States
Ana Cristina Garcia Ferreira, Evandro Chagas National Institute of Infectious Diseases, Oswaldo Cruz Foundation, Brazil

**Data, stories, advocacy, leadership: The positively trans approach**

B. McBride, C. Chung

United States

**Addressing the needs of people with situational gender and "sexual orientation" in Tajikistan by HIV services**

A. Sarang

Netherlands

United Nations

**TUAA02**

**Strategies for cure: Pitfalls, possibilities and promise**

Oral Abstract Session

**Venue:** E102

**Time:** 16:30-18:00

**Co-Chairs:** Timothy Henrich, University of California, United States
Mayte Coiras, Instituto de Salud Carlos III, Spain

**Therapeutic Vaccines for Cure**

S. Deeks, UCSF, United States

A randomised controlled trial comparing the impact of antiretroviral therapy (ART) with a "Kick-and-Kill" approach to ART alone on HIV reservoirs in individuals with primary HIV infection (PHI): RIVER trial


United Kingdom

www.aids2018.org
Tuesday 24 July | Sessions

**Dominant HIV DNA populations present in different T-cell subsets before stem cell transplantation persist in tissues early after transplantation with CCR5?32 stem cells**


Netherlands

**Rapid rebound of a highly replication competent preexisting CXCR4-tropic HIV variant after allogeneic stem cell transplantation with CCR5?32 stem cells**


Netherlands

**Modular gene therapy vectors for gene therapy cure in resting immune cells**


Australia

**Evaluation of an antibody to Alpha4Beta7 in the control of SIV infection**

M. Di Mascio, J.J. Lifson, S. Sinnusvasa, P. Degraine, B. Keele, Y. Wang, P. Lusso, M. Proshan, H.C. Lane, A.S. Fauci

United States

**IAS/Abivax Research-for-Cure Academy Fellowship Prize**

**TUBS03 Protecting people who migrate in countries of origin, transit, and destination**

Bridging Session

| Venue: | Forum |
| Time: | 16:30-18:00 |

This session will explore the need for intersectoral cooperation to deliver necessary services to people when they are on the move, on arrival and in the longer term. Recently, WHO concluded that while conflict and emergencies can disrupt HIV care, there is little risk that HIV is transmitted by people on the move. However, their vulnerability to HIV increases upon arrival in the next country. We anticipate an interesting discussion that will inform the audience and the general public about the consequences of inadequately addressing needs of people who migrate. The session will be introduced by a talk to set the context, and then divided into two themes in a Davos-style moderated panel, representing a range of stakeholders. The first theme will address issues for people displaced in crisis and on immediate arrival; the second will address longer-term needs of migrants in accessing public health services.

**Introduction**

B. Dittrich, Human Rights Watch, Germany

**Keynote address**

J. Weker, International Organization for Migration, Switzerland

**Panel discussion**

P. Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; J. Ryan, European Commission, Luxembourg; D. Palatov, AFEW-Tajikistan, Tajikistan; M. Biot, Médecins Sans Switzerland; J. Ryan, European Commission, Luxembourg; P. Sands, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Kenya

**Concluding remarks**

B. Dittrich, Human Rights Watch, Germany

This session will examine specific human rights concerns affecting the HIV response. It will take a broad look at the use of the law and legal strategies for protecting and promoting human rights in the HIV response – including ensuring equitable access to health services – through various means, such as litigation and law reform advocacy by and for communities affected by HIV and by human rights violations. Finally, it will examine how to integrate core human rights standards into HIV testing, prevention and treatment services as part of fast-tracking the HIV response. It will explore how to implement and evaluate key human rights programmes, including measures to reduce stigma and discrimination, and to educate lawmakers, police and health service providers about human rights.

**Introduction**

Welcome address

S. Granger, Spouses of Caribbean Leaders Action Network, Guyana

Populist backlash and the attack on legitimacy: how do we sustain the human rights advocacy necessary for an effective HIV response?

D. Dixon Diallo, SisterLove, United States

Taking human rights programs to scale in the HIV response: multi-year initiatives in priority countries

R. Jürgens, The Global Fund to Fight AIDS, TB and Malaria, Switzerland

**Fast-tracking the HIV response: integrating human rights principles and standards into HIV services**

L. Cabal, UNAIDS, Switzerland

**Advocacy case study: advancing HIV justice, resisting HIV criminalization**

E. Bernard, HIV Justice Network, United Kingdom

**Making change, measuring impact: implementing and evaluating programmes to reduce stigma and discrimination**

A. Iovita, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland

**Q&A**

**Conclusion**

**TUSY12 Girl uninterrupted: Evidence, implementation, and agency in programming**

Symposia Session

| Venue: | Auditorium |
| Time: | 16:30-18:00 |

This session will present evidence on the need for and approaches to successfully conceptualize and deliver meaningful, multi-sectoral girl-focused programmes to young women and girls. Evidence from implementation research programmes will be used to showcase innovative approaches to: working effectively across sectors; tackling multiple vulnerabilities (such as violence and lack of economic opportunities); creating economic arguments for the case for joined-up investment; and ensuring that girls and young women are agents and not subjects of change.

**Introduction**

J. Gunthorp, South African AIDS Trust, South Africa

**Opening address**

M. van Oranje, Aidsfonds / Amsterdam Planning Group / Multiparty Initiative on SRHR & HIV/AIDS / STOPAIDS / Friends of the Global Fight US, Netherlands

**Setting the scene**

A. Burt, Minister of State for International Development and Minister of State for the Middle East at the Foreign & Commonwealth Office, United Kingdom

**Lived reality is not a programme: Realities, diversities, vulnerabilities, and what girls want**

K. Nakamba, Zambia Network of Young People Living and Affected with HIV/AIDS (ZNYP), Zambia

**Girl centered HIV prevention**

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

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This workshop will describe the legacy of nurses as social justice advocates and explore examples of specific current approaches to healthcare that address the intersection of human rights and engagement in healthcare for key populations. Tactics for building nurses’ acute; and other health care providers’ acute; capacity for advocacy and strategies to support the implementation of human rights based approaches to effective healthcare for key populations will be presented. Participants will engage with speakers to examine:

1. What human rights issue most impacts their community/clinical setting in engaging people in HIV prevention or treatment;
2. What barriers exist to improving these health and human rights issues;
3. What can nurses or other healthcare providers do to address the identified issue;
4. What tools and resources are needed to support nurses/HCP in these advocacy or change efforts.

Welcome, ANAC overview
J.Kwong, Columbia University School of Nursing, United States

Nurses as advocates
C.Treston, Association of Nurses in AIDS Care, United States

Panel one: Gender, women, trauma informed care
A.Webel, Case Western Reserve University, United States;
C.Dawson-Rose, University of California, San Francisco, United States;
M.Steilen, CAI Global, United States

Panel two: Youth, MSM, criminalization
M.Wharton, Johns Hopkins University - Bloomberg School of Public Health, United States; S.Fields, New York Institute of Technology, United States; C.Phillips, University of Ottawa, Canada

Panel summary
J.Kwong, Columbia University School of Nursing, United States

Regional Members’ Meeting for Latin America and the Caribbean
Regional Session
J.Kwong, Columbia University School of Nursing, United States

10th IAS Conference on HIV Science (IAS 2019) in Mexico City
Membership engagement

Co-Chairs:
Beatriz Grinsztejn, Instituto de Pesquisa Clinica Evandro Chagas-Fiocruz, Brazil
Mauro Schechter, Federal University of Rio de Janeiro, Brazil
Luis Soto-Ramirez, Regional Representative on the IAS Executive Committee,
Russell Pierre, , Horacio Salomon, ,

TUSY15 Safety of Dolutegravir in pregnancy: Late breaking findings, interpretations, and implications
Symposia Session
Elicium 2
16:30-18:00
Wame Mosime, International Treatment Preparedness Coalition, Botswana
Elaine J. Abrams, ICAP at Columbia University, United States

Overview on HIV treatment and pregnancy including genetics, drugs, and pregnancy
L.Mofenson, Elizabeth Glaser Pediatric AIDS Foundation, United States

Surveillance for Neural Tube Defects following Antiretroviral Exposure from Conception, the Tsepamo study (Botswana)
R.Zash, Beth Israel Deaconess Medical Center, United States

Data from other cohorts, regions to guide decisions
M.Doherty, World Health Organization, Switzerland

Risks and benefits of dolutegravir (DTG)-based ART for women living with HIV of childbearing age in South Africa: A model-based analysis
C.Dugdale, Medical Practice Evaluation Center, Massachusetts General Hospital, United States

Weighing up the risks and benefits
N.Little, Georgetown University, United States

Panel Discussion and Audience Q&A

TUSY11 What types of activism are needed 30 years into the AIDS response?
Symposia Session
Hall 10
16:30-18:00
R.Gorna, SheDecides, United Kingdom; S.Mushonga, Africaid
Zvandvi, Zimbabwe; K.Thomson, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Switzerland; V.Dubula-Majola, Stellenbosch University, South Africa; D.Grajalez, Collaborative Network of Persons With HIV (C–NET+), Belize; E.Sawyer; Founding Member of ACT UP, United States; W.Nuland, PrEPster, United Kingdom

TUWS10 Nurses at the intersection of healthcare and human rights for key populations
Public Workshop
GV Session Room 1
16:30-18:00
W.Nutland, PrEPster, Network of Persons With HIV (C–NET+), Belize; E.Sawyer, Stellenbosch University, South Africa; D.Grajalez, Collaborative Network of Persons With HIV (C–NET+), Belize; E.Sawyer; Founding Member of ACT UP, United States; W.Nuland, PrEPster, United Kingdom