

# Tuesday 24 July | Sessions

## TUPL01 Breaking barriers of inequity in the HIV response

Plenary Session

**Venue:** Hall 12

**Time:** 08:30-10:30

**Co-Chairs:** Alistair Burt, Minister of State for International Development and Minister of State for the Middle East at the Foreign & Commonwealth Office, United Kingdom  
H.E. Mme. Monica Geingos, First Lady, Namibia

### Opening address

*C. Theron, Charlize Theron Africa Outreach Project, South Africa*

### The epidemiology and vulnerability of missing and indigenous populations

*S. Baral, Johns Hopkins School of Public Health, United States*

### Exploring innovation around HIV and substance use

*A. Deryabina, ICAP at Columbia University, Kazakhstan;  
O. Stryzhak, Positive Women, Ukraine*

### Putting HIV science into the criminal justice system: Impacting lives

*A. Maleche, KELIN, Kenya; R. Suttle, The Sero Project, United States*

### Special presentation

*S. John, , United Kingdom; H. The Duke of Sussex, , United Kingdom*

## TUAB01 Antiretroviral strategies

Oral Abstract Session

**Venue:** Forum

**Time:** 11:00-12:30

**Co-Chairs:** Omar Sued, Huésped Foundation, Argentina  
Alexandra Calmy, Geneva University Hospital, Switzerland

### Comparative effectiveness of first-line antiretroviral therapy regimens: Results from a large real-world cohort in Brazil after the implementation of Dolutegravir

*M.V. Meireles, A.R. Pascom, F. Perini, F. Rick, A. Benzaken  
Brazil*

### Simplification to dolutegravir monotherapy is non-inferior compared to continuation of combination antiretroviral therapy in patients who initiated combination antiretroviral therapy during primary HIV infection: A randomized, controlled, non-inferiority trial

*D.L. Braun, T. Turk, B. Hampel, C. Grube, P. Schreiber, M. Greiner, D. Steffens, F. Tschumi, C. Bayard de-Torrenté, C. Depmeier, K. Metzner, B. Bertisch, J. Böni, R. Kouyos, H. Günthard, for the Zurich Primary HIV Infection Study  
Switzerland*

### Dolutegravir monotherapy versus dolutegravir/abacavir/lamivudine for HIV-1-infected virologically suppressed patients: Results from the randomized non-inferiority MONCAY trial

*L. Hocqueloux, C. Allavena, T. Prazuck, L. Bernard, S. Sunder, J.-L. Esnault, D. Rey, G. Le Moal, M. Roncato-Saberan, M. André, E. Billaud, V. Avettand-Fènoël, A. Valéry, F. Raffi, J.-J. Parienti, MONCAY Study Group  
France*

### A phase 3b, open-label, pilot study to evaluate switching to elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (E/C/F/TAF) in virologically-suppressed HIV-1 infected adult subjects harboring the NRTI resistance mutation M184V and/or M184I (GS-US-292-1824)

*I. Perez Valero, J.M. Llibre, A. Lazzarin, G. Di Perri, F. Pulido, J.-M. Molina, S. Esser, I. McNicholl, R.-P. Lorgeoux, N. Margot, Y. Shao, D. Piontkowsky, M. Das, R. Haubrich  
Spain*

### 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

*P. Cahn, J. Sierra Madero, J. Arribas, A. Antinori, R. Ortiz, A. Clarke, C.-C. Hung, J. Rockstroh, P.-M. Girard, C. Man, J. Sievers, A. Currie, M. Underwood, A. Tenorio, K. Pappa, B. Wynne, M. Gartland, M. Aboud, K. Smith  
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. Akpomiemie, 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. Belackova  
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*

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

*A.R. Rejaevy  
Afghanistan*

## TUAA01 From conception to delivery: The vaccine discovery pipeline

Oral 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

*P. Brouwer, D. Ellis, A. Antanasijevic, A. Yasmeen, Z. Berndsen, T. Bijl, J. Burger, B. Nickerson, C. Cottrell, J. Allen, I. Bontjer, M. Crispin, D. Baker, A. Ward, J. Moore, P.-J. Klasse, N. King, R. Sanders  
Netherlands*

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

*N. Madani, A. Princiotta, L. Mach, J. Richard, B. Hora, C. Zhao, T. Bradley, B. Melillo, A. Finzi, B. Haynes, A. Smith, S. Santra, J. Moss, M. Baum, J. Sodroski  
United States*

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

A. Jones, R. Das, L. Wyatt, C. LaBranche, X. Shen, G. Tomaras, D. Montefiori, B. Moss, J. Clements, D. Barouch, P. Kozlowski, R. Varadarajan, R.R. Amara  
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

F. Tomaka, D. Stieh, D. Barouch, M. Robb, N. Michael, G. Tomaras, G. Alter, J. McElrath, L. Lavreys, S. Nijs, K. Callewaert, J. Hendriks, Z. Euler, M. Pau, H. Schuitemaker  
United States

## HPX1002/IPCVD010: A randomized controlled trial evaluating the safety and immunogenicity of shorter and simpler vaccine schedules using Ad26.Mos.HIV combined with gp140 Env protein

K. Stephenson, J. Ansel, S. Walsh, C.S. Tan, D. Ananos, A. Yanez, L. Peter, F. Tomaka, D. Stieh, J. Hendriks, S. Nijs, C. Truysers, M. Grazia Pau, M. Seaman, B. Walker, H. Schuitemaker, D. Barouch  
United States

## 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

## Decriminalizing HIV: How people living with HIV translated quantitative research into community action and legislative transformation

H. Turk, A. Ochoa, 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-Marcotte, 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. Krüsi, K. Deering, F. Ranville, L. Gurney, M. Braschel, B. Simpson, M. Kestler, K. Shannon, SHAWNA Project Team  
Canada

## 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. Chihah  
Nigeria

## TUBS01 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

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-limited 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.Orne-Gliemann, 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.Lebelonyane, Botswana Ministry of Health and Wellness, Botswana; D.Havlir, University of California, San Francisco, United States; F.Walsh, Clinton Health Access Initiative, United States

## Closing remarks

## TUSY01 Political resistance to addressing the needs of key populations

Symposia Session

**Venue:** Auditorium

**Time:** 11:00-12:30

**Co-Chairs:** Sigrun Møgedal, Norwegian Institute of Public Health, Norway  
Michel Sidibé, UNAIDS, Switzerland

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.

## Introductory remarks

S.Møgedal, Norwegian Institute of Public Health, Norway; M.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.Diouf, ENDA Tiers Monde, Senegal

## Lobbies against vulnerable populations

J.Cohen, Open Society Foundations, United States

## Strategies to move sensible legislations

*R. Dreifuss, Former President of Switzerland and Chair Global Commission on Drug Policy, Switzerland*

### Moderated panel and audience discussion

#### Closing remarks

*S. Møgedal, 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 to 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**

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

### **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. Stuijke, 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. Gaist, National Institutes of Health, United States*

### **An adolescent girls and young women's HIV risk in sub-Saharan Africa**

*K. Stoebenau, 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*

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## Combining social science methods with mechanisms for community empowerment for the codesign 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

*M. 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

#### TUWS03 U=U: Crafting supportive public health policy from the scientific evidence to support community action

Leadership Workshop

**Venue:** E102

**Time:** 11:00-12:30

**Level:** Intermediate

**Target audience:** Policy / Programme analyst, Public health official, General healthcare / Social services provider

**Seating limit:** 240

**Co-Facilitators:** Brent Allan, International Council of AIDS service Organizations, Canada  
Bruce Richman, Prevention Access Campaign, United States  
Ian Green, Terrence Higgins Trust, United Kingdom  
John Blandford, Centers for Disease Control and Prevention, Vietnam  
Demetre Daskalakis, New York City Department of Health and Mental Hygiene, United States  
Erika Castellanos, GNP+, Global Action for Trans Equality (GATE), Belize

Following a brief update on the proceedings from the U=U pre-conference, the participants will be guided through the basics of policy creation and explore how the U=U science and advocacy can be harnessed to improve public health policy. Working in groups with facilitators from the U=U team, participants will be guided to create strategies that they can apply to their community activities, workplaces, and health service systems.

#### Opening remarks

*B. Allan, International Council of AIDS service Organizations, Canada*

#### Summary of U=U pre-conference

*E. Castellanos, GNP+, Global Action for Trans Equality (GATE), Belize*

#### How can we ensure that the U=U message gets applied to the global south and global north?

*I. Green, Terrence Higgins Trust, United Kingdom*

#### How can we ensure that the U=U message gets applied to the variations and unique circumstances of key populations?

*J. Blandford, Centers for Disease Control and Prevention, Vietnam*

#### What are the key differences between the messages behind U=U and the term TasP? How do we promote these key differences?

*D. Daskalakis, New York City Department of Health and Mental Hygiene, United States*

#### How do we ensure that public health and other bodies remain steadfast on their commitment to ZERO risk and not make moves to confuse the messaging?

*S. Baptiste, International Treatment Preparedness Coalition, South Africa*

#### Addressing the key global questions

*B. Richman, Prevention Access Campaign, United States*

#### Closing remarks

*B. Allan, International Council of AIDS service Organizations, Canada*

#### 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:** Pfiriaeli Kiwia, Kimara Peer Educators and Health Promoters Trust Fund, United Republic of Tanzania  
Gloria Nawanyanga, UNYPA,  
Erick Mlangi, 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*

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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. Linares Hidalgo, ICW Costa Rica, Costa Rica; K. López Araya, ICW Costa Rica, Costa Rica; L. López Rivas, ICW Colombia, Colombia; A. Quirós, Red Magdalena Internacional, Costa Rica; M. Vera, Red Nacional de Mujeres Populares Tejiendo Vida, Colombia*

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. Davidovich, 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**

*T. Jaivebo, R. Abang, A. Yusuf, G. Emmanuel, A. Osilade, O. Olabosinde, C. Trout, B. Ochonye, P. Umoh, A. Kalaiwo 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**

*K. Malama, B. Spire, A. Gosset, M. Nishimwe, P.-J. Coulaud, L. Sogaon-Teyssler, R. Parker, A. Tichacek, M. Inambao, W. Kilembe, S. Allen 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**

*M. Lanham, K. Ridgeway, R. Dayton, B.M. Castillo, C. Brennan, D.A. Davis, D. Emmanuel, B. Rodriguez, G.J. Morales, C. Parker, J. Cooke, K. Santi, E. Evens United States*

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

*M. Plotko, A. Kontautaitė, D. Matyushina, M. Golichenko, M. Kalvet, E. Antonova Lithuania*

**Causes and predictors of mortality among people who inject drugs in Tijuana: 2011-2017**

*B.S. West, D. Abramovitz, P. Gonzalez-Zuniga, G. Rangel, D. Werb, J. Cepeda, L. Beletsky, S.A. Strathdee United States*

**TUPDX01 PrEP 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 PrEP: A qualitative exploration of men who have sex with men's use of informal PrEP in London**

*S. Papparini, W. Nutland, V.-K. Nguyen Switzerland*

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

*J. de Wit, D. Murphy, L. Lal, J. Audsley, C.K. Fairley, M. Stooze, N. Roth, R. Moore, B.K. Tee, N. Puratmaja, R.M. Grant, E. Wright Netherlands*

**The new MTV generation: Using methamphetamine, Truvada and Viagra to enhance sex and stay safe**

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*M.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. Achterbergh, M.F. Schim van der Loeff, 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. Djomand, T. Bingham, I. Benech, T. Wheeler, A. Sanicki, S. Mital*  
United States

## Altered TDF/FTC pharmacology in a transgender female cohort: Implications for PrEP

*M.L. Cottrell, H.M. Prince, K. Maffuid, A. Polisen, N. White, C. Sykes, J.A. Nelson, A. Peery, E. Dellon, L. Hightow-Weidman, J.L. Adams, C. Gay, A.D. Kashuba*  
United States

## Drug-drug interactions between the use of feminizing hormone therapy and pre-exposure prophylaxis among transgender women: The iFACT study

*A. Hiransuthikul, K. Himmad, S. Kerr, N. Thammajarak, T. Pankam, R. Janamnuaysook, S. Mills, R. Vannakit, P. Phanuphak, N. Phanuphak, iFACT study team*  
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

*E. Evens, L. Sinette, K. Santi, J. Cooke, M. Lanham, G. Morales, C. Parker, S. Inniss-Grant, S. Hunte, M. Mendizabal, R. Dayton*  
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. Simwinga, J. Mwate, T. Ng'ombe, S. Belemu, N. Makola, C. Mubekapi-Musadaidzwa, G. Hoddinott, R. White, K. Shanaube, V. Bond, B. Virginia, T. Mainga*  
Zambia

## Diverging perspectives on the role of a community advisory board at a biomedical HIV prevention research centre in South Africa

*A.M. Lesch, A. De Wet, L. Swartz, A. Kagee, Z. Kafaar, N. Hassan*  
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. Baepany*  
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. Mikolajczak, 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. Jarrin, 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 CHIWOS Research Team*  
Canada

## Tracking trends in HIV/AIDS mortality pre-and-post ART: South Africa 1997-2012

*V. Pillay-van Wyk, D. Bradshaw, W. Msemburi, R. Dorrington, R. Laubscher, P. Groenewald*  
South Africa

## Mortality trends among HIV infected patients at Newlands Clinic in Harare, Zimbabwe

*T. Shamu, C. Chimbetete, S. Bote, T. Mudzviti, R. Luethy*  
Zimbabwe

## Trends in mortality among HIV-infected subjects: Differences by HCV coinfection status

*B. Alejos, Collaboration of Observational HIV Epidemiological Research in Europe (COHERE) in EuroCoord*  
Spain

## Mortality and cause of death among HIV patients in London in 2016

*S. Croxford, R. Miller, F. Post, J. Figueroa, I. Harrison, R. Harding, V. Delpech, S. Lucas, S. Dhoot, A. Sullivan, London Mortality Study Group*  
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

*A. Essat, D. Scott-Algara, V. Monceaux, V. Avettand-Fenoel, C. Didier, S. Caillat-Zucman, S. Orr, I. Theodorou, C. Goujard, F. Boufassa, O. Lambotte, C. Rouzioux, L. Hocqueloux, L. Meyer, A. Sáez-Cirión, ANRS PRIMO and VISCONTI studies*  
France

## HCV treatment with direct-acting antivirals (DAAs) in HIV/HCV coinfecting subjects affects the dynamics of the HIV-1 reservoir

*Y. Ghiglione, M.L. Polo, A. Solomon, G. Poblete, M.J. Rolón, P. Patterson, H. Pérez, H. Salomón, F. Quiroga, G. Turk, S.R. Lewin, N. Laufer*  
Argentina

## IL-10 contributes to, and is a biomarker for, viral persistence in ART-treated, SIV-infected rhesus macaques

*J. Harper, S. Ribeiro, M. Pino, L. Micci, M. Aid, C. Deleage, E. Rimmer, G. Ayanoglu, D. Gorman, J. Estes, R. Sekaly, M. Paiardini*  
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

*J.P. Thornhill, G.E. Martin, J. Hoare, S. Peake, M. Pace, J. Meyerowitz, J. Lwanga, H. Lewis, T. Solano, C. Herrera, J. Fox, S. Fidler, J. Frater, & the CHERUB Investigators*  
United Kingdom

## HIV-1 reservoir diversity and genetic compartmentalization in blood and testis

*R. Ponte, R.L. Miller, N.N. Kinloch, F.H. Omondi, F.P. Dupuy, R. Fromentin, P. Brassard, V. Mehraj, N. Chomont, A. Poon, Z.L. Brumme, J.-P. Routy, The ORCHID study group*  
Canada

## Ixazomib reduces HIV-1 reservoir size in a Casp8p41-dependent manner

*N. Cummins, S. Natesampillai, Z. Nie, R. Sampath, J. Baker, K. Henry, M. Pinzone, U. O'Doherty, E. Polley, G. Bren, D. Katzmann, S. Rizza, A. Tande, M. Mahmood, J. Zeuli, C. Rivera, S. Kumar, A. Badley*  
United States

### TUPDE01 Geomapping to enhance equitable access

Oral Poster Discussion Session

**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**

*A. Waruru, J. Wamwicwe, J. Mwangi, L. Ng'ang'a, F. Miruka, T. N. O. Achia, P. Yegon, D. Kimanga, J. L. Tobias, K. M. De Cock, T. Tylleskär*  
 Norway

**Patterns of HIV in the Lake Victoria region, a spatiotemporal analysis**

*N. Heard, G. Sarfaty, I. Zaidi, C. Fellenz*  
 United States

**Density mapping of dating app users across time and space in Mumbai, India**

*B. Eveslage, P. Shah, 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. Moyo, T. Crompton, D. Chimhamhiwa, 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**

*K. Nyalali, P. Sekule, P. Mwakipesile, M. Swai, J. Brasileiro, C. Brokenshire-Scott, L. Mphuru, K. Kazaura, D. Simbeye*  
 Tanzania, United Republic of

**TUPDB01 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. Chang, N. Musinguzi, A. Tsai, C. Muzoora, M. Bwana, Y. Boum, R. Tracy, J. Martin, J. Haberer, D. Bangsberg, P. Hunt, M. Siedner*  
 United States

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

*J. van Wyk, J. Oyee, S. Barthel, J. Koteff, B. Wynne, L. Curtis, V. Vannappagari, N. Payvandi, V. Carr, T. Vincent, M. Aboud*  
 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**

*E.C. Nwosu, M.J. Holmes, M.F. Cotton, E. Dobbels, F. Little, B. Laughton, A. van der Kouwe, E.M. Meintjes, F.C. Robertson*  
 South Africa

**Ongoing white matter alterations in HIV infected and HIV exposed children: A DTI study at 9 years**

*F. Mberu, 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

**Longitudinal neurocognitive performance in HIV infected individuals in rural Uganda**

*K. Robertson, A. Vecchio, D. Saylor, G. Nakigozi, N. Nakasujja, R. Gray, M. J. Wawer, N. Sacktor, Rakai Health Sciences Program*  
 United States

**Integrase inhibitors and neuropsychiatric adverse events in a large prospective cohort**

*L. Cuzin, P. Pugliese, C. Katlama, I. Ravoux, F. Bani-Sadr, T. Ferry, D. Rey, J. Lourenco, S. Bregegeon, C. Allavena, J. Reynes, Dat'AIDS Study Group*

Martinique

**TUSS01 #PassTheMic: Meaningful youth participation in the fight against HIV**

Special Session

**Venue:** Hall 12

**Time:** 13:00-14:00

**Welcome and Introduction**

*Q. Tivey, The Elizabeth Taylor AIDS Foundation, United States*

**Moderated discussion with youth participants from Amsterdam Youth Force, Charlize Theron Africa Outreach Project, Elizabeth Glaser Pediatric AIDS Foundation, the Elizabeth Taylor AIDS Foundation, the International AIDS Society, Avert, Teenagerizer and Youth Against AIDS**

*C. Theron, Charlize Theron Africa Outreach Project, South Africa*

**Me and My Healthcare Provider Award**

*C., Artist, Austria*

**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**

*E. Slaymaker, J. Todd, M. Urassa, A.J. Herbst, N. McGrath, R. Newton, D. Nabukalu, A. Crampin, C. Nyamukapa, K. Tomlin, K. Risher, G. Reniers, M. Marston, B. Zaba*  
 United Kingdom

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

*M. Farahani, E. Radin, S. Saito, K. Sachathep, J. Manjengwa, S. Balachandra, A. Low, Y. Duong, S. Jonnalagadda, H. Patel, D. Voetsch, W. Hladik, A. Hakim, N. Ahmed, G.N. Musuka, B.A. Tippett Barr, N. Wadonda-Kabondo, A.F. Auld, A. Jahn, D.B. Williams, D. Barradas, D. Payne, G. Bello, O. Mugurungi, B. Parekh, D. Hoos, J. Justman*  
 United States

**Temporal trends of population viral suppression in the context of Universal Test and Treat: Results from the ANRS 12249 TasP trial in rural South Africa**

*J. Larmarange, M.H. Diallo, N. McGrath, C. Iwuji, M. Plazy, R. Thiébaud, F. Tanser, T. Bärnighausen, J. Orne-Gliemann, D. Pillay, F. Dabis, TasP ANRS 12249 Study Group*  
 France

**Trends in percent time spent viremic 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**

*M. Stooove, J. Asselin, C. El-Hayek, S. Lewin, B. Allan, J. Hoy, E. Wright, S. Ruth, J. Mills, C. Carter, M. West, J. Manwaring, A. Fischer, A. Wilkinson, R. Guy, B. Donovan, D. Calendar, N. Higgins, P. Locke, N. Roth, B. Tee, J. Wilcox, L. Nguyen, K. Ryan, M. Hellard*  
 Australia

**TUAE01 Taking testing to the next level**

Oral Abstract Session

**Venue:** Hall 11A

**Time:** 14:30-16:00

**Co-Chairs:** Kwame Shanaube, Zambart, Zambia  
 Fern Terris-Prestholt, London School of Hygiene and Tropical Medicine, United Kingdom

**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**

*F. Bianchi, R. Machezano, J.-F. Lemaire, E. Sacks, R. Bailey, V. Nzima, P. Fassinou, A. Mataka, C. Odhiambo, A. Chadambuka, G. Nyoni, M.C. Sabonete, G.F. Ndayisaba, J. Cohn*  
United States

**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. Harbick, T. Nyagura, 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**

*A. Phillips, V. Cambiano, L. Bansi-Matharu, F. Nakagawa, D. Wilson, I. Jani, T. Apollo, M. Sculpher, T. Hallett, C. Kerr, J. van Oosterhout, J. Eaton, J. Estill, B. Williams, N. Doi, F. Cowan, O. Keiser, D. Ford, K. Hatzold, R. Barnabas, H. Ayles, G. Meyer-Rath, L. Nelson, C. Johnson, R. Baggaley, A. Fakoya, A. Jahn, P. Revill*  
United Kingdom

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

*K. Dove, M. Nyirenda, F. Shaba, O.A. Offorjebu, K. Balakaksi, B.E. Nichols, K. Phiri, A. Schooley, R.M. Hoffman, EQUIP Innovations for Health*  
United States

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

Oral Abstract Session

**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**

*M. Qiu, L. Paina, D. Rodriguez, J. Wilhelm, H. Zakumumpa, C. Mackenzie, F. Ssengooba, E. Eze-Ajoku, S. Bennett*  
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. Kovalchuk*  
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**

*R. Jürgens, H. Lim, A. Iovita, D. Burrows, R. Armstrong, A. Stangl, S. Gruskin, L. Ferguson, S. Baral, C. Lyons, N. Poku, C. Schutte*  
Switzerland

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

*E. Shastina, J. Godunova, A. Yakovleva, E. King, I. Evdokimova, N. Sukhova, E. Titina, D. Legchilova*  
Russian Federation

**TUBS02 Tuberculosis in prisons**

Bridging Session

**Venue:** Auditorium

**Time:** 14:30-16:00

**Co-Chairs:** Sabine Hermans, Amsterdam Institute for Global Health and Development, Netherlands  
Robin Wood, The Desmond Tutu HIV Centre, South Africa

Globally, tuberculosis (TB) rates in prisons are 30 times greater than in the general population due to crowding, poor ventilation, substance use, undernutrition and poor access to health services. Despite this, most prison inmates in low- and middle-income countries do not receive systematic screening and prevention services. There remain major knowledge gaps about how to effectively control TB in these high-transmission environments. Moreover, growing evidence suggests that prisons represent a major reservoir or "institutional amplifier" of community TB, such that failing to address TB in prisons may undermine control efforts in the general population. This session will highlight recent advances in the study of TB in incarcerated populations, including transmission, diagnosis and prevention. Themes to be addressed include:

How do concentrated epidemics of TB in prisons affect population-level control efforts?

What are the major evidence gaps in TB diagnosis and prevention for incarcerated populations?

What are obstacles to effective implementation of TB control interventions in prisons?

What are innovative models of care and prevention that can be scaled up in high-transmission prisons?

How can TB, HIV and HCV be managed effectively at the transitions of care between prisons and communities?

**Introduction**

**TB transmission in prisons and spillover into communities: Why addressing tuberculosis epidemics in prisons should be a public health priority**

*J. Andrews, Stanford, United States*

**Knowledge gaps for formulating TB control policies for prisons**

*M. Dara, World Health Organization, Denmark*

**Mass screening for tuberculosis in Brazil's prisons: Generating a scalable model for early diagnosis and prevention**

*J. Croda, Oswaldo Cruz Foundation, Brazil*

**State of HIV and TB in prisons in Sub-Saharan Africa**

**Community perspective on TB care in prisons**

*K. Rafube, Community representative, South Africa*

**Panel discussion**

**TUSY05 Implementing the SDG agenda to leave no one behind: Innovations in Europe on the fast track to ending AIDS**

Symposia Session

**Venue:** Hall 12

**Time:** 14:30-16:00

**Co-Chairs:** Michel Sidibé, UNAIDS, Switzerland  
Esther Dixon-Williams, European AIDS Treatment Group, United Kingdom



# 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.Bagyinszky, 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.Manshanden, Municipal Health Service, Netherlands

## Integrated response – Germans 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

## 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 medication 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

## TRIPS flexibilities 2.0 across diseases: Staying ahead of the curve, thinking for the future

E.Hoen, Medicines Law & Policy, Netherlands

## A glimpse to the future: ARV pipeline beyond 2030 and how to ensure it is affordable and acceptable

H.McDowell, Viiv Healthcare, United Kingdom

## Reality check: Treating the largest population of people living with HIV in the world

Y.Pillay, National Department of Health, South Africa

## Discussion with panellists

S.Lynch, Médecins Sans Frontières, United States; C.Gore, Medicines Patent Pool, Switzerland

## Q&A

## 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

## Rebuttal of the affirmative team

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

### Summary and wrap up

M. Dhaliwal, 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. Mokgethi-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. Dabee, Institute of Infectious Disease and Molecular Medicine, University of Cape Town, South Africa

## Seeding the latent reservoir following transmission

Z. Brumme, 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

### 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

**Co-Facilitators:** Ganna Dovbakh, Eurasian Harm Reduction Association (EHRA), Lithuania  
Lela 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.Hikuam, ARASA, Namibia; E.Bozinovska, HERA, Macedonia, FYR; M.Demchenko, Budget Advocacy School, Ukraine; O.Kucheruk, Budget Advocacy School, Ukraine*

### Questions and answers to panellists

### 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  
Othoman 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 Latinoamericana por el Acceso a Medicamentos, Argentina; L.Gangte, ITPC South Asia, India; M.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 Kempes, 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.Kempes, ViiV Healthcare, United Kingdom*

#### Breakout session 1

#### PA Challenges Stigma Prize winner presentation

#### Breakout session 2

#### Wrap-up

*D.Kempes, 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

*S.Pattanasin, B. Cadwell, D.K. Smith, W. Sukwicha, P.A. Mock, W. Wimonasate, C. Ungsedhapand, P. Sirivongrangson, M.C. Thigpen, E.F. Dunne*  
*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

*C.Cooney, K. Sato, S. Allen, N. Toiv, D.H. Watts, J. Saul*  
*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. Ndimande, 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. Kilonzo, T. Yamanis, B. Singh, L. Kajula*

United States

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

*M. Solangon, K. Kriitmaa, S. Taher, V. Achut, A.J. Nyniyal, H.D. Awongo, G. Atillio, P. Moyo, P. Jasi*  
United Nations

### TUAB02 HIV and TB: Double challenge

Oral Abstract Session

**Venue:** Hall 11A

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

**Chair:** Adriana Hristea, Matei Bals National Institute of Infectious Diseases, Romania

## Durability and effectiveness of isoniazid preventive therapy in Lesotho, southern Africa

*E. Mugomeri, D. Olivier, W.M.J. van den Heever*  
Lesotho

### Drug susceptibility testing, HIV-coinfection and outcomes in patients treated for tuberculosis in low- and middle-income settings

*K. Zürcher, M. Ballif, L. Fenner, S. Borrell, P.M. Keller, J. Gnokoro, M. Yotebieng, L. Diero, E.J. Carter, N. Rockwood, R.J. Wilkinson, H. Cox, N. Ezati, A.G. Abimiku, J.L. Collantes, A. Avihingsanon, K. Kawkitinarong, M. Reinhard, R. Hömke, R. Huebner, E.C. Böttger, S. Gagneux, M. Egger, on behalf of the International Epidemiology Databases to Evaluate AIDS (IeDEA)*  
Switzerland

### Xpert MTB/Rif Ultra for earlier diagnosis of TB meningitis in HIV-positive adults

*F. Cresswell, N. Bahr, A. Bangdiwala, A. Akampurira, K. Ssemambulidde, J. Rhein, D. Williams, R. Kwizera, E. Nuwagira, P. Orikiriza, C. Muzoora, D. Meya, D. Boulware, A. Elliott*  
Uganda

### Risk factors of recurrent TB disease in a setting of high HIV prevalence

*S. Hermans, N. Zinyakatira, J. Caldwell, F. Cobelens, A. Boulle, R. Wood*  
Netherlands

### Clinical outcomes with bedaquiline use when substituted for second-line injectable agents in multidrug resistant tuberculosis: A retrospective cohort study

*Y. Zhao, K. Manning, A. Stewart, T. Fox, N. Tiffin, A. Boulle, V. Mudaly, Y. Kock, G. Meintjes, S. Wasserman*  
South Africa

### Safety and efficacy of dolutegravir-based ART in TB/HIV co-infected adults at week 48

*K. Dooley, R. Kaplan, T. Mwelase, B. Grinsztejn, E. Ticona, M. Lacerda, O. Sued, E. Belonosova, M. Ait-Khaled, K. Angelis, D. Brown, R. Singh, C. Talarico, A. Tenorio, M. Keegan, M. Aboud*  
United States

### 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

### Breaking the wall: Transgender people and Islamic religious leaders

*E. Kor*  
UNAIDS

### Progressive Botswana court affirms that legal recognition of gender identity is at core of human dignity - transgender persons are fully entitled to constitutional protection

*T.K. Esterhuizen*  
South Africa

## Developing and pilot testing TRANScending love, a multi-methods arts based workshop with African, Caribbean and Black transgender women

*C.H. Logie, Y. Persad, T.B. Ferguson, S. Ryan, D.M. Yehdego, A. Guta*  
Canada

### TUAC03 Diversities in delivery: PrEP from home to clinic

Oral Abstract Session

**Venue:** E105-108

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

**Co-Chairs:** Rattanawat Janamnuysook, Thai Red Cross AIDS Research Centre, Thailand  
Eduard Sanders, University of Oxford & KEMRI-Wellcome Trust, Kenya

## Retention in care for HIV pre-exposure prophylaxis (PrEP) among sex workers of four public health centers in Senegal

*O. Diouf, M. Sarr, D. Gueye, M. Mane, A. Mboup, C. Toure Kane, S.E. Hawes, C. Suarez, M.D. Bousoo Bao, F. Jones, J. Presley, G. Gottlieb, S. Mboup*  
United States

## Key population-led health services (KP-LHS) critical to PrEP introduction among MSM and TG in Thailand

*R. Vannakit, M. Kim, S. Charoenying, S. Mills, M. Avery, N. Phanuphak Pungpaopong, P. Phanuphak, D. Rinjongrat, S. Janyam, P. Chanlearn, S. Sittikarn, T. Nakpor*  
Thailand

## Comparison of measures of adherence to HIV pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) and transgender women (TGW): Results from the PrEP Brasil study

*L.M.S. Marins, T.S. Torres, I. Costa Leite, R.I. Moreira, B. Hoagland, E.G. Kallas, J.V. Madruga, P.L. Anderson, A.Y. Liu, B. Grinsztejn, V. Veloso, PrEP Brasil Study Team*  
Brazil

## Uptake of PrEP within clinics providing integrated family planning and PrEP services: Results from a large implementation program in Kenya

*K. Mugwanya, J. Pintye, J. Kinuthia, F. Abuna, H. Lagat, M. Serede, J. Sila, G. John-Stewart, J.M. Baeten, PrEP Implementation for Young Women and Adolescents (PrIYA) Program*  
United States

## Adolescent use of Truvada (FTC/TDF) for HIV pre-exposure prophylaxis (PrEP) in the United States (2012-2017)

*D. Magnuson, T. Hawkins, R. Mera*  
United States

## Integrating oral HIV pre-exposure prophylaxis (PrEP) in a public family planning facility and youth center to inform national roll out in Zimbabwe

*M.M. Gombe, Y. Mangwendeza, G. Ncube, N. Zwangobani, M. Prust, B. Cakouros, A. Svisva, A. Mangwiro, M. Murwira, A. Mkwamba, A. Erlwanger, 3DE CHAI*  
Zimbabwe

### 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

*S. Fidler, W. Stohr, M. Pace, L. Dorrell, A. Lever, S. Pett, S. Kinloch, J. Fox, A. Clarke, M. Nelson, M. Khan, A. Fun, D. Kelly, J. Kopycinski, M. Johnson, T. Hanke, H. Yang, B. Howell, S. Kaye, M. Wills, R. Barnard, A. Babiker, J. Frater, On Behalf of the RIVER trial investigators*  
United Kingdom

# 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

*A. Wensing, K. Bosman, A. Bruns, P. Ellerbroek, T. de Jong, K. Tesselaar, A. Stam, M. Salgado, G. Hutter, L. Brosens, M. Kwon, J. Diez Martin, J. Boelens, J. Martinez-Picado, J. Kuball, M. Nijhuis, IciStem Consortium*  
Netherlands

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

*J. Verheyen, A. Thielen, N. Lübke, M. Dirks, M. Widera, U. Dittmer, L. Kordales, M. Däumer, D. de Jong, A. Wensing, R. Kaiser, M. Nijhuis, S. Esser*  
Netherlands

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

*A. Wong, A. Aggarwal, O. Atthi, B. Hao, H. Macrae, M. Churchill, A. Kelleher, S. Turville*  
Australia

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

*M. Di Mascio, J.J. Lifson, S. Srinivasula, P. Degrange, B. Keele, Y. Wang, P. Lusso, M. Proschan, H.C. Lane, A.S. Fauci*  
United States

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

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### 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. Wecker, 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. Pulatov, AFEW-Tajikistan, Tajikistan; M. Biot, Médecins Sans Frontières, Belgium; G. Jones, Joint United Nations Programme on HIV and AIDS, Kenya*

#### Concluding remarks

*B. Dittrich, Human Rights Watch, Germany*

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### TUSY10 Realizing rights in the HIV response

Symposia Session

**Venue:** Hall 12

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

**Co-Chairs:** Julia Greenberg, Open Society Public Health Program, United States  
Fatima Hassan, Open Society Foundation, South Africa

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

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

Symposia Session

**Venue:** Auditorium

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

**Chair:** Jonathan Gunthorp, South African AIDS Trust, South Africa

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 (ZNYPA), Zambia*

#### Girl centered HIV prevention

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

**Relationships, Context and HIV risk / prevention for highly vulnerable AGYW and their male partners: Emerging findings from the DREAMS Partnership**

*J.Pulerwitz, Population Council, United States*

**Agency, visibility and voice: Gender equality with young women and men**

*R.Verma, International Center for Research on Women (ICRW), India*

**Discussion**

**Closing comments**

**TUSY15 Safety of Dolutegravir in pregnancy: Late breaking findings, interpretations, and implications**

Symposia Session

**Venue:** Elicium 2

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

**Co-Chairs:** Wame Mosime, International Treatment Preparedness Coalition, Botswana  
Elaine J. Abrams, ICAP at Columbia University, United States

**Introductions and overview of the session**

**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**

*M.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

**Venue:** Hall 10

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

This session will discuss the types of activism needed in the future to mobilize a global response to AIDS within the broader context of Sustainable Development Goals (SDGs) and national political contexts (progressive, conservative, nationalism, and populism). The session will bring together views from activists across generations in order to share what works and what has changed, the old and the new, from banners to apps, in terms of: a) the what messages; b) the how to get messages out – tactics and tools; c) the how to influence and be at the decision-making table.

**Moderated discussion**

*R.Gorna, SheDecides, United Kingdom; S.Mushonga, AfricAid Zvandiri, 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.Nutland, PrEPster, United Kingdom*

**TUWS10 Nurses at the intersection of healthcare and human rights for key populations**

Public Workshop

**Venue:** GV Session Room 1

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

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' capacity; and other health care providers' 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.Weibel, 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**

**Closing remarks**

*J.Kwong, Columbia University School of Nursing, United States*

**Regional Members' Meeting for Latin America and the Caribbean**

Regional Session

**Venue:** G102-103

**Time:** 17:15-18:15

**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, ,

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

**Membership engagement**