



MOSA01 Clinical Skills Needed to Provide Competent, Affirming Health Care to Gay and Bisexual Men/MSM and Transgender Women as Broader Context for HIV Care Prevention

Non-Commercial Satellite

Venue: Session Room 5

Date: Monday 18 July

Time: 08:00-10:00

Organizer: Fenway Institute, WPATH, MSMGF, Intl Ref Group on Transgender Women and HIV, ANOVA Health Inst, Thai Red Cross, American Jewish World Svc, Impacta, Desmond Tutu HIV Found, LINKAGES, API Wellness Ctr, Johns Hopkins Bloomberg Sch Public Health, Callen Lorde Health Ctr, USAID, PEPFAR, amFAR

Gay and bisexual men/MSM and transgender women experience health disparities in addition to HIV. Barriers to accessing care, such as a lack of clinically competent and affirming care, can exacerbate disparities in disease burden, risk behaviors, and treatment outcomes. This clinical skills-building session will focus on the medical and behavioral health care needs of sexual and gender minority patients, as well as the need for clinical program integration—the integration of clinical services alongside behavioral and social services. Leaders in providing care to these populations from Africa, Asia, Latin America and the U.S. will describe best practices on how to provide comprehensive care to transgender women and MSM to address their health care needs holistically and reduce disparities. Such care provides an important context for HIV prevention and treatment with MSM and transgender women.

Providing clinically competent and affirming health care to transgender women

N.Phanuphak, Thai Red Cross AIDS Research Centre, Thailand; A.Radix, Callen-Lorde Community Health Center, United States; J.Keatley, University of California, San Francisco, United States; T.Poteat, Johns Hopkins University, United States

Providing clinically competent and affirming health care to MSM/gay and bisexual men

K.Rebe, ANOVA Health Institute, South Africa; C.O'Cleirigh, Fenway Institute, Massachusetts General Hospital, Harvard Medical School, United States; T.Do, Asian and Pacific Islander Wellness Center, Inc., United States; C.Maposhere, Gender, Sexual and Reproductive Health, HIV and AIDS Consultant, Zimbabwe

MOSA02 Fulfilling Our Promise To Young People Today: The ESA Commitment on Scaling Up Comprehensive Sexuality Education and Access To Sexual and Reproductive Health Services

Non-Commercial Satellite

Venue: Session Room 6

Date: Monday 18 July

Time: 08:00-10:00

Organizer: UNESCO

Two years after the endorsement of the ESA Ministerial Commitment, a high level regional meeting brings together Ministries of Education and Health, Gender and Youth from across 20 countries in Eastern and Southern Africa to review progress towards the ESA Commitment 2015 targets; share best practices and agree on steps to accelerate progress towards 2020 targets; discuss ways to promote expansion of access to good quality life skills-based, gender-sensitive sexuality education and related adolescent and youth-friendly health services. The meeting will also be an opportunity for governments to reaffirm their political commitment to scaling up Comprehensive Sexuality Education and Sexual and Reproductive Health services for adolescents and young people in the ESA region.

National Anthem

Siyanamukela!

What the ESA Commitment Means to Me

"Being a Young Person" - video presentation

It Takes A Village: We Cannot Leave Communities Behind

P.Mabizela, INERELA+/Ecumenical Advocacy Alliance, South Africa

"ESA Commitment: How far have we come?" - video presentation

Breaking Silos: Planning, managing and coordinating a multi-sectoral approach to improving young people's lives

Plenary Discussion on Breaking Silos: Results, Progress and Country Experiences

N.Poku, University of KwaZulu-Natal, South Africa

MOSA03 Combatting HIV Drug Resistance: WHO Early Warning Indicators Report and the Global Action Plan on HIVDR

Non-Commercial Satellite

Venue: Session Room 7

Date: Monday 18 July

Time: 08:00-10:00

Organizer: World Health Organization (WHO)

Objectives:

- To review impact of HIV Drug Resistance towards the achievement of 90% viral load suppression (last "90" of the 90-90-90 cascade) and the end of AIDS by 2030
- To review the determinants of HIV Drug Resistance and present the WHO Global Report on Early Warning Indicators (EWI) for HIVDR
- To present experiences from countries in the implementation of the EWI and their use to respond to HIVDR
- To present the draft HIVDR Global Action Plan and receive inputs from the audience

Description: Expanded use of antiretroviral therapy (ART) and increasing trends in HIV drug resistance (HIVDR) means that global efforts to prevent emergence and transmission of drug resistant HIV (HIVDR) must be strengthened if we want to eliminate HIV by 2030. HIVDR, if not properly controlled, can reduce the durability and effectiveness of current 1st line regimen for a significant proportion of patients. These patients would have to be switched to the more expensive 2-line or even 3rd line

Introduction

Setting the scene of HIV drug resistance...

R.Minghui, World Health Organization, Switzerland

WHO's global report on EWI of HIVDR: 2016

S.Bertagnolio, , Italy

Using EWI data to respond to the threat of HIVDR in Zimbabwe

J.Murungu, MOHCC, Zimbabwe

Higher than expected levels of pretreatment HIVDR in Argentina

H.Salomon, , Argentina

Increasing levels of pretreatment HIV drug resistance in South Africa

S.Carmona, University of the Witwatersrand, South Africa

A call to action: global action plan on HIV drug resistance

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

MOSA04 Vaccines are Needed to Conclusively End HIV/AIDS and TB

Non-Commercial Satellite

Venue: Session Room 8

Date: Monday 18 July

Time: 08:00-10:00

Organizer: Aeras, International AIDS Vaccine Initiative (IAVI)



The urgency of the highly interrelated TB and HIV/AIDS epidemics has prompted calls for a rapid and robust scale-up of TB and HIV vaccine research efforts and close collaboration between TB and HIV vaccine development programs. Those at risk for TB and HIV need more choices in prevention to circumvent structural, societal and cultural factors that hinder access and adherence. This session will discuss the importance of vaccine development and deployment to conclusively end HIV/AIDS and TB; it will describe the progress already made, as well as the challenges faced, and the potential for enhanced collaboration between TB and HIV vaccine researchers and developers. This session is targeted to researchers, policymakers, healthcare providers, product developers, civil society, and other stakeholders interested in ending the TB and HIV/AIDS epidemics.

Breakfast

Welcome and Introduction

J. Shea, Aeras, United States

State of the Field and Future Direction of Research and Development for TB and HIV/AIDS Vaccines

G. Gray, South African Medical Research Council, South Africa

Panel Discussion

A. Goosby, UN Special Envoy on Tuberculosis and University of California San Francisco Global Health Sciences, United States; R. Labode, Parliament of Zimbabwe, Zimbabwe; G. Gray, South African Medical Research Council, South Africa; P. Godfrey-Faussett, UNAIDS, Switzerland; N. Barnabas, International Union Against Tuberculosis and Lung Disease (The Union), South Africa

Concluding Remarks

A. Goosby, UN Special Envoy on Tuberculosis and University of California San Francisco Global Health Sciences, United States

Discussion and Q&A

M. Warren, AVAC, United States

MOSA05 Do you know who we are? Living young, with HIV

Non-Commercial Satellite

Venue: Session Room 9

Date: Monday 18 July

Time: 08:00-10:00

Organizer: Pathfinder International, Centre for Social Research in Health-University of New South Wales Australia, and the Centre for Sexualities, AIDS and Gender-University of Pretoria, South Africa

Over the past decade, the number of young people across the world who are living with HIV has dramatically increased. This reflects several interconnected factors; improvements in access to antiretroviral therapy (ART) and successful treatment of perinatally infected children, a continuing increase in the global adolescent population and the prevalence of structural factors that put adolescents at increased risk of HIV infection.

This symposium will examine the complex issues facing young people living with HIV, as they navigate the realities of living with HIV during a time of change and transition. The session focuses on three areas; sex and sexuality, care and services, and education. Facilitated discussions with the youth themselves and the professionals who work with them will go beyond the treatment paradigm – focusing instead on the diverse experiences of young people living with HIV and the program/practice recommendations that can help professionals to support this unique group.

Introduction and Welcome Remarks

J. Pacca, Pathfinder International, United States

Introduction of Speakers

P. Aggleton, Centre for Social Research in Health, University of New South Wales, Australia; E. Yankah, Centre for Social Research in Health at the University of New South Wales, Australia, Germany

HIV and Education

M. Crewe, Centre for Sexualities, AIDS and Gender-University of Pretoria, South Africa; L. Motsumi, Youth Representative UNFPA, South Africa; M. Mthethwa, Durban Lesbian & Gay Community & Health Centre, South Africa

HIV, Care and Services

S. Mfecane, University of the Western Cape, South Africa; N. Niwagaba, Uganda Network of Young People Living with HIV & AIDS (UNYPA), Uganda; M. Gumede, Durban Lesbian & Gay Community & Health Centre, South Africa

HIV, Sex and Sexuality

V. Paiva, Social Psychology Department, University of São Paulo, Brazil; S. Nalugo, Uganda Christian University, Uganda; R. Rabbi, Link Up Bangladesh, Bangladesh

Questions from the Audience

P. Aggleton, Centre for Social Research in Health, University of New South Wales, Australia; E. Yankah, Centre for Social Research in Health at the University of New South Wales, Australia, Germany

Closing Remarks

J. Pacca, Pathfinder International, United States

MOSA06 Recognizing the Past, Securing the Future: Civil Society Organizations and National AIDS Responses

Non-Commercial Satellite

Venue: Session Room 10

Date: Monday 18 July

Time: 08:00-10:00

Organizer: UNAIDS South Africa, the South Africa NAC Civil Society Forum, and the University of Pretoria

TBA

MOSA07 Voluntary Medical Male Circumcision 2021: a Gateway to Adolescent Boys and Men

Non-Commercial Satellite

Venue: Session Room 11

Date: Monday 18 July

Time: 08:00-10:00

Organizer: WHO and UNAIDS

WHO and UNAIDS are co-hosting a satellite session to share the voluntary medical male circumcision (VMMC) new strategic directions for 2017- 2021. This first year of the SDG era (2016 – 2030) provides an opportunity to shift focus and implement new strategic directions that are founded on a people-centred approach. The session will examine the alignment of these strategic directions with new global goals that focus on scale-up to achieve the UNAIDS fast track HIV incidence reduction targets and to broaden service packages and delivery platforms for adolescent boys and men towards sustainability.

Opening

Introduction

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

VMMC aligned with a new landscape and global HIV, STI and adolescent health goals towards ending AIDS and sustaining intervention platforms, 2017-2021

K. Dehne, UNAIDS, Switzerland

Synergies – Multi-sectoral Comprehensive sexuality education

C. Castle, UNESCO, South Africa

Focused action to scale up for adolescent boys and young men

A. Adams, University of Amsterdam, Swaziland

Innovate -- Looking at VMMC linkages for sexual and reproductive and other health needs

O. Mugurungi, Ministry of Health and Child Welfare, Zimbabwe

Accountability and commitment Financing for next five years to achieve 75% reduction in HIV incidence through combination prevention and vision on the the funding shifts needed beyond 2020

Key perspectives from PEPFAR for the next five years



H.Watts, Office of the Global AIDS Coordinator, PEPFAR, United States

Synergies - Packages and services Adolescent and young people specific for health and well-being

T.Oyewale, UNICEF, United States

Foundations for the future and success: Communities, young people and health workers

P.Somse, , South Africa

Closing remarks

MOSA08 Attaining 90-90-90: Accelerating Urban AIDS Responses

Non-Commercial Satellite

Venue: Session Room 12

Date: Monday 18 July

Time: 08:00-10:00

Organizer: **IAPAC - International Association of Providers of AIDS Care**
UNAIDS - Joint United Nations Programme on HIV/AIDS

More than 65 high HIV burden cities have signed the Paris Declaration on Fast-Track Cities, pledging to re-tool and accelerate their AIDS responses to attain the UNAIDS 90-90-90 targets and strive toward an end to AIDS as a public health threat by 2030.

Clinician, city health agency, and civil society leaders from 10 Fast-Track Cities will join technical partners to discuss efforts to optimize data collection across the HIV care continuum, and the importance of embracing accountability to ensure that no one is left behind in the urban AIDS response. The session also will feature the launch of web-based Fast-Track Cities dashboards and a discussion about the value of "open data" to promote momentum and foster accountability among city stakeholders.

Why Accelerated Urban AIDS Responses Are Critical to Ending AIDS by 2030

J.Zuniga, International Association of Physicians in AIDS Care (IAPAC), United States; M.Sidibe, UNAIDS, Switzerland; M.Povoroznyk, Kyiv City State Administration, Ukraine

Harnessing Data to Optimize the HIV Care Continuum and Attain 90-90-90 in Urban Settings

R.Granich, International Association of Physicians in AIDS Care (IAPAC), United States; S.Buchbinder, Director, Bridge HIV, San Francisco Dept of Public Health (SFDPH), United States; E.Bukusi, Kenya Medical Research Institute (KEMRI), Kenya; S.Johnson, University of Colorado, United States; P.Phanuphak, Thai Red Cross AIDS Research Centre, Thailand; P.Reiss, University of Amsterdam, Netherlands; M.Mugabe, Joint United Nations Programme on HIV/AIDS, Switzerland

Focusing Our Resources to Attain the 90-90-90 and Zero Stigma and Discrimination Targets

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

Leaving No One Behind: The Importance of Civil Society in Accelerating Urban AIDS Responses

N.Dedes, European AIDS Treatment Group/International Treatment Preparedness Coalition, Greece; D.Callisto, Y+ Leadership Initiative, Brazil; S.Kondratyuk, All-Ukrainian Network of PLWHA, Ukraine; M.Poonkasetwattana, Asia Pacific Coalition on Male Sexual Health (APCOM), Thailand; B.Gonzalez, Espolea A.C., Mexico; N.Zakwe, The Valley Trust, South Africa; N.Rafif, Global Forum on MSM & HIV, Morocco; A.Zakowicz, AHF Europe, Netherlands

MOSA09 The Future of Innovation

Non-Commercial Satellite

Venue: Session Room 13

Date: Monday 18 July

Time: 08:00-10:00

Organizer: UNICEF

This session addresses the fourth pillar of ALL IN to End Adolescent AIDS: Innovation. In doing so, it will identify the key obstacles of the AIDS response for adolescents, and will feature simplified methods and solutions on the

horizon that will improve outcomes for individuals, communities and systems. In 15 years, we will look back on these technologies and solutions as the key elements that propelled us to a new paradigm, and that made AIDS history.

Speakers will include the Executive Director of UNICEF, as well as representatives from the Government of South Africa, UNITAID and other partners.

Video screening: #AIDS2016 special report

S.Mohutsiwa, Youth Vlogger, South Africa; D.Bantwini, , South Africa

Welcome remarks

A.Lake, UNICEF, United States

Panel interview: innovations to #EndAdolescentAIDS

A.Lake, UNICEF, United States; L.Loures, UNAIDS, Switzerland; D.Birx, , United States; S.Ndwandwe, Adolescent U-Reporter, Swaziland; L.Marmora, UNITAID, Switzerland; A.Motsoaledi, Minister of Health, South Africa

Audience/social media response and moderated Q & A

Closing remarks

A.Motsoaledi, Minister of Health, South Africa

Video screening: adolescents voices

S.Mohutsiwa, Youth Vlogger, South Africa; D.Bantwini, , South Africa

MOSA10 Lived Realities, Imagined Futures: Meeting the HIV Prevention Needs of African Gay Men

Non-Commercial Satellite

Venue: Session Room 5

Date: Monday 18 July

Time: 10:15-12:15

Organizer: **Microbicide Trials Network, ANOVA Health Institute, UHAI - The East African Sexual Health and Rights Initiative, AVAC: Global Advocacy for HIV Prevention and International Rectal Microbicide Advocates (IRMA)**

As one of the most highly stigmatized groups in sub-Saharan Africa, gay men are faced with a myriad of cultural, social and legal barriers that greatly increase their risk for HIV. These challenges make it extremely difficult to gain access to vital resources needed to prevent HIV. At the same time, current tools, like pre-exposure prophylaxis (PrEP), could substantially reduce new HIV infections in African gay men, and other modalities being developed and tested may offer an array of future choices. But can we realistically provide African gay men with information and access to HIV prevention in the context of stigma, discrimination and human rights abuses? Importantly, how should we go about implementing prevention research and approaches to tip the scale of the epidemic and create real and lasting change in the lives of African gay men?

Welcome and Introductions

J.McIntyre, ANOVA Health Institute, South Africa

Accessing HIV prevention, treatment and care in a criminalized environment: What does it mean to MSM, gay men and transgender communities?

G.Trapence, Center for the Development of People, Malawi

The potential of PrEP for gay men and other MSM across sub-Saharan Africa

S.Baral, Johns Hopkins Bloomberg School of Public Health, Canada; S.Baral, Johns Hopkins Bloomberg School of Public Health, United States; S.Mnyanda, University of Cape Town, South Africa

Why we need more than PrEP: Expanding the HIV prevention toolbox in Africa

I.McGowan, University of Pittsburgh, United States

Panel Discussion: Forging the Future for African Gay Men



C. Baker, PEPFAR, United States; R. Cranston, Microbicide Trials Network, United States; G. Emmanuel, Heartland Alliance, Nigeria; M. Ighodaro, AIDS Vaccine Advocacy Coalition (AVAC), Nigeria; K. Owiti, Nyanza, Rift Valley and Western Kenya (NYARWEK) LGBTI Network, Kenya; K. Rebe, ANOVA Health Institute, South Africa; G. Trapence, Center for the Development of People, Malawi; S. Wambua, East African Sexual Health and Rights Initiative (UHAIR), Kenya

Closing Remarks

I. McGowan, University of Pittsburgh, United States

MOSA11 Fulfilling Our Promise To Young People Today: The ESA Commitment on Scaling Up Comprehensive Sexuality Education and Access To Sexual and Reproductive Health Services

Non-Commercial Satellite

Venue: Session Room 6

Date: Monday 18 July

Time: 10:15-12:15

Organizer: ESA Commitment Partners

Two years after the endorsement of the ESA Ministerial Commitment, a high level regional meeting brings together Ministries of Education and Health, Gender and Youth from across 20 countries in Eastern and Southern Africa to review progress towards the ESA Commitment 2015 targets; share best practices and agree on steps to accelerate progress towards 2020 targets; discuss ways to promote expansion of access to good quality life skills-based, gender-sensitive sexuality education and related adolescent and youth-friendly health services. The meeting will also be an opportunity for governments to reaffirm their political commitment to scaling up Comprehensive Sexuality Education and Sexual and Reproductive Health services for adolescents and young people in the ESA region.

Young People Today. Why It's Time to Act Now

J. Beagle, UNAIDS Deputy Executive Director, Switzerland

Let's Step Up and Deliver!

Photo opportunity for Ministers

Leading from the Ground Up

ESA Commitment Road Map 2020

S. Tlou, UNAIDS, South Africa

Words of support from development partners

Closing remarks: Building our legacy for Africa's future

T. Kachindamoto, Senior Chief Theresa Kachindamoto, Malawi

MOSA12 Repairing HIV Service Cascades That Leak: Key Population Communities Taking the Lead

Non-Commercial Satellite

Venue: Session Room 7

Date: Monday 18 July

Time: 10:15-12:15

Organizer: FHI 360/LINKAGES, USAID, MSMGF, NSWP, INPUD, TRGT, UNDP, UNFPA, WHO

Achieving the 90-90-90 goals set by UNAIDS requires that key populations (KP) shouldering disproportionate HIV burden flow efficiently through the entire cascade of HIV prevention, care and treatment services. However, laws that criminalize KPs and the stigma, violence, and fear of arrest they experience as a result hinder access to services and contribute to serious "leaks" in the cascade. In such hostile environments, services delivered by KP-led organizations and community members hold promise as safe and effective ways to engage and retain KPs in the HIV cascade. This session will explore how KP community members are taking the lead in delivering HIV services they want and need. Speakers from KP constituencies – sex workers, men who have sex with men, transgender people, and people who inject drugs – will discuss the strengths and challenges of KP-led service delivery

approaches and share how these approaches are being scaled up in different regions.

HIV, key populations, and the law: Working towards the 90-90-90 goals in hostile legal environments

A. Saha, UNDP, Ethiopia

Key population-led service delivery in the real world: glimpses from across the globe

E. Agustian, Persaudaraan Korban Napza Indonesia, Indonesia; M. Wangui, Laikipia Peer Educators, Kenya; J. Keatley, University of California, San Francisco, United States; S. Laguerre, FHI 360/LINKAGES, Haiti; J. Hugo, , South Africa

Closing Remarks

J. Butler, UNFPA, Turkey

MOSA13 Start Free, Stay Free, AIDS Free: Finishing the Job of the Global Plan

Non-Commercial Satellite

Venue: Session Room 8

Date: Monday 18 July

Time: 10:15-12:15

Organizer: Johnson & Johnson, MAC AIDS Fund, Elizabeth Glaser Pediatric AIDS Foundation, UNICEF, PEPFAR, UNAIDS, World Health Organization

In 2011 the Global Plan toward the elimination of new HIV infections among children by 2015 and keeping their mothers alive was launched at the United Nations, providing the foundation for country-led movements toward ending AIDS in children and ensuring the continued health of mothers and women. This satellite will focus on progress related to the Global Plan, the recently launched Start Free/Stay Free/AIDS Free framework (and related super fast-track goals), examples of country success, the role of the private sector in driving progress, and personal perspectives of a young woman living with HIV since birth.

Speakers include:

Chip Lyons, Elizabeth Glaser Pediatric AIDS Foundation

Ambassador Deborah Birx, U.S. Global AIDS Coordinator

Michel Sidibe, UNAIDS

Anthony Lake, UNICEF

Gottfried Hirnschall, World Health Organization

Adrian Thomas, Johnson & Johnson

Angela Mushavi, Ministry of Health and Child Care, Zimbabwe

Josephine Nabukenya, Uganda

Introduction and opening remarks

C. Lyons, Elizabeth Glaser Pediatric AIDS Foundation, United States

Global Plan - backgrounds, results, areas for focus

L. Loures, UNAIDS, Switzerland

Start Free, stay Free, AIDS Free

D. Birx, , United States

An AIDS Free Generation Starts with Children

A. Lake, UNICEF, United States

Innovation for Accelerated Action

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

The role of public/private partnerships

A. Thomas, , United States

What models can get us there?

A. Mushavi, Ministry of Health and Child Welfare, Zimbabwe

Personal Story - Adolescent/Young woman

J. Nabukenya, EGPAF Ambassador, Uganda

MOSA14 Clinical Models of HIV Care for Adolescents



Non-Commercial Satellite

Venue: Session Room 9
Date: Monday 18 July
Time: 10:15-12:15

Organizer: International AIDS Society

Reducing new infections and AIDS-related deaths among adolescents is a key component of the global plan to end the AIDS epidemic by 2030. The Satellite will provide a platform for researchers, healthcare professionals and programme implementers to discuss promising clinical care practices for adolescents, to assess replicability in different contexts, and to identify options for adaptation, where required. The symposium is thus designed to both strengthen the evidence base through presentation of new research on adolescent HIV services, and to help address key gaps in adolescent HIV prevention and care by improving knowledge among practitioners of targeted approaches. The specific learning objectives are to understand a) strengths and weaknesses of different models of clinical care and how this affects the prevention, care and treatment outcomes for adolescents, b) how HIV care services are experienced by adolescents living with HIV and what kind of support they need, and c) how HIV services and health care professionals can support the optimization of clinical care delivery.

The scientific program of this Satellite has been reviewed by the American Medical Association and approved for a maximum of 2.0 AMA PRA Category 1 Credits[®]. Physicians should only claim credit commensurate with the extent of their participation in the activity. One credit may be claimed for each hour of participation in approved sessions. Please click here for more information on CME credits.

Introduction

Video

"Taking them forever and taking them on time": The treatment and care needs of adolescents living with HIV

J. Bhila, Global Network of Young People Living with HIV (Y+), Zimbabwe

Questions from audience

Zvandiri CATS model: Findings from a community peer support treatment intervention in Zimbabwe

N. Willis, Africaid Zvandiri Harare, Zimbabwe

Questions from audience

Health worker sensitization: Promising practices from PATA's REACH and Peers2Zero programmes

L. Hatane, PATA, South Africa

Questions from audience

Beyond the clinic: The social basis of ART adherence among adolescents

L. Cluver, University of Cape Town, South Africa; L. Gittings, Centre for Social Science Research, South Africa

Questions from audience

Transition of Thai HIV-infected adolescents to adult HIV care: Peer interactions and peer support for positive health outcomes

A. Sohn, TREAT Asia/amfAR – The Foundation for AIDS Research, Thailand

Questions from audience

Community-based HTC and self-testing: uptake of mobile clinics (teen truck) and HIV self-testing devices among adolescents in South Africa

L. Bekker, Desmond Tutu HIV Centre, South Africa

Questions from audience

Discussant presenting PEPFAR perspective (plans for large-scale implementation of promising models)

G. Siberry, Office of the U.S. Global AIDS Coordinator (S/GAC) U.S. Department of State, United States

Panel discussions (questions from audience if time permits)

Conclusion

CME

MOSA15 Fast-Tracking the HIV Response in Botswana

Non-Commercial Satellite

Venue: Session Room 10
Date: Monday 18 July
Time: 10:15-12:15

Organizer: Ministry of Health, Government of Botswana, in collaboration with UNAIDS

The needs to fast-track the HIV response are imminent and have led Botswana to respond to HIV and STIs in innovative and most progressive ways. The satellite will be presenting two panel discussions, first around integrated health services, aiming at an optimized response to HIV, including experience of Treat All or SRH/HIV linkages, and second on innovative ways of engaging communities and youth in leading the HIV response. Aiming at a meaningful knowledge exchange and learning event, the satellite will lead the participants through the process and learning of these new developments in Botswana that are making crucial contributions to a successful fast-track agenda to end the AIDS epidemic in the country.

Opening Remarks

Panel on integrated health services, an optimized response to HIV (Treat All, HIV Testing Guidelines, Cities Initiative, SRH/HIV Linkages)

Panel on engaging communities and youth to lead the HIV response (Community-driven HIV Response CATCH, Youth, Vulnerable Groups, Community-based Services)

D. Makgato, Minister of Health, Botswana

Conclusion

Word of Thanks

MOSA16 Voluntary Medical Male Circumcision (VMMC) as Primary HIV Prevention: Maximizing Our Investment and Considerations for Sustainability

Non-Commercial Satellite

Venue: Session Room 11
Date: Monday 18 July
Time: 10:15-12:15

Organizer: PEPFAR, USAID, the Bill & Melinda Gates Foundation, World Bank, UNICEF, AVAC, AIDSFree and Project SOAR

The satellite will provide a summary of VMMC and early infant male circumcision (EIMC)-related research findings published recently in two journal collections. Findings with significant policy- and strategy-level consequences for national HIV programs will be highlighted. A moderated panel discussion following presentation of the research findings will see key stakeholders sharing their experiences in scaling up VMMC and their ideas about future directions. Members of the audience will be encouraged to participate actively in the dialogue. The first VMMC journal collection, a Public Library of Science (PLoS) Collection of manuscripts from three research groups, presents mathematical modeling that assesses the relative impact of VMMC scale-up across sub-populations by age and geography. The second journal collection, a Global Health Science and Practice Collection of 9 manuscripts, describes various components of EIMC including a policy review and several research studies.

VMMC Progress to Date and How VMMC Fits Into UNAIDS's 90-90-90 Target

J. Samuelson, World Health Organization (WHO), Switzerland



VMMC Age and Geographic Prioritization

K.Kripke, Avenir Health, United States

VMMC Sustainability and Early Infant Male Circumcision

T.Sint, United Nations Children's Fund (UNICEF), United States

Video Screening - It's About the People: Tanzania's VMMC Program Gets it Right

C.Hankins, The Amsterdam Institute for Global Health and Development (AIGHD), Netherlands

Q&A

Moderated Panel Discussion

H.Watts, Office of the Global AIDS Coordinator, PEPFAR, United States; J.Samuels, World Health Organization (WHO), Switzerland; C.Luo, UNICEF, United States; M.Gorgens, The World Bank, United States; Y.Pillay, National Department of Health, South Africa; G.Lija, Tanzania Ministry of Health, Community, Development, Gender, Elderly and Children (MOHCDGEC)/National AIDS Control Program, United Republic of Tanzania; Y.Pillay, National Department of Health, South Africa; S.Maphisa, Dr. Maphisa & Partners, South Africa; K.Krip, Avenir Health/Project Supporting Operational AIDS Research (SOAR), United States

MOSA17 Addressing the HIV & GBV Dual Epidemics

Non-Commercial Satellite

Venue: Session Room 12

Date: Monday 18 July

Time: 10:15-12:15

Organizer: International Planned Parenthood Federation, Africa Region

Why addressing HIV from a gender perspective is the right thing to do?

The Context: Across Africa, the key underlying factors that fuel HIV transmission include gender inequalities and roles and gender based-violence, among others. Due to a combination of stereotypical gender social norms and roles, gender inequalities and biological factors, young women and girls are at increased vulnerability to HIV infection. Gender-based violence including rape, domestic violence, trafficking and sexual exploitation, increase vulnerability to HIV among women and girls. The intersection of GBV with HIV is said to be a major obstacle to gender equality and equity thus perpetuating the mutually reinforcing negative effects of GBV and HIV remain pressing in the region.

Sexual and reproductive health problems account for the leading cause of women's ill health and death worldwide. Yet, almost all maternal deaths can be preventable. Gender based violence accounts for as much death and disability among wom

Panel discussion part I

Z.Nhlabatsi, Family Life Association of Swaziland, Swaziland

Panel discussion part II

J.Omondi, Family Health Options Kenya (FHOK), Kenya

Panel discussion part III

T.Kachindamoto, Senior Chief Theresa Kachindamoto, Malawi

Panel discussion part IV

N.Damji, Gender Equality, Health and HIV / AIDS - UN Women, United States

MOSA18 A Survival Guide for Advanced HIV Disease: Increasing Access to and Knowledge of Life-Saving Interventions

Non-Commercial Satellite

Venue: Session Room 13

Date: Monday 18 July

Time: 10:15-12:15

Organizer: Centers for Disease Control and Prevention

With increased access to HIV treatment, average CD4 counts of patients have risen dramatically, yet HIV programs worldwide continue to see a significant

proportion of patients presenting to care with advanced disease (CD4 < 200). As a priority group in the latest WHO ART guidelines, these patients require prompt yet careful management to prevent or curb deadly opportunistic infections such as cryptococcal meningitis and tuberculosis and to successfully initiate antiretroviral therapy. Additionally, attrition in care amongst these patients remains a problem, making proper engagement and support key to successful long-term management. Immediate and informed action in these situations can save patient lives in both the short and long run, making an understanding of the risks and knowledge of the tools available absolutely necessary for providers and patients alike. This session will give healthcare providers, laboratorians, pharmacists, program planners and patients a better understanding of specific risks.

Title Slide

Opening remarks: making advanced disease a priority

M.Doherty, World Health Organization (WHO), Switzerland; N.Ford, World Health Organization, Switzerland

The changing face of advanced disease

E.Goemaere, Médecins Sans Frontières (MSF), South Africa

Adapting tuberculosis care for advanced patients

S.Charalambous, The Aurum Institute, South Africa

Methods of Infection prevention in advanced HIV care

F.Conradie, Southern African HIV Clinicians Society, South Africa

Integrating cryptococcal screening into HIV care: the Namibian story

F.Kaindjee-Tjituka, Namibian Ministry of Health and Social Services, Namibia

Cervical cancer and AIDS-related malignancies

M.Mulongo, Right to Care, South Africa

Implementation research priorities: a PEPFAR perspective

R.Chimatira, CDC and USAID - South Africa, South Africa; O.Oladinyimbo, CDC and USAID - South Africa, South Africa

MOSA19 HIV in Conservative Social Settings: Promoting A Rights Based Approach To HIV

Non-Commercial Satellite

Venue: Session Room 5

Date: Monday 18 July

Time: 12:30-14:30

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

In 2030, we will have achieved the ambitious 90-90-90 targets through improved and simplified approaches incubated and hatched at the transformative Durban 2016 – which took place during an age of innovation where new ideas were sought out, encouraged and funded. This session will set the tone for Durban 2016 by tackling the biggest obstacles of the AIDS-Response through the lens of an innovator. Be part of this conversation. Be part of this history.

Introduction and overview of consultation meeting in Istanbul

A.Alaei, University at Albany, State University of New York, United States; K.Alaei, State University of New York, University at Albany, United States

An overview of HIV/AIDS and key populations in the MENA region

Y.Chakkar, UNAIDS, Egypt

Islam and HIV/AIDS

M.Abou Zeid, , Lebanon

Human rights and HIV/AIDS

A.Bennani, , Morocco

Perspectives of HIV/AIDS from key populations

Islam and harm reduction

A.Kamarulzaman, University of Malaya, Malaysia

OFID's contributions and future plans concerning combatting HIV/AIDS

S.Hashimzadeh, , Austria

Question and answer session and conclusion

MOSA20 'We Can Do It'- No Child Born with HIV in South Africa - The Journey Towards Elimination of Mother to Child Transmission of HIV (EMTCT)

Non-Commercial Satellite

Venue: Session Room 6

Date: Monday 18 July

Time: 12:30-14:30

Organizer: National Department of Health (NDOH) and United Nations Children's Fund (UNICEF South Africa)

Dramatic and significant progress has been achieved over the last decade towards reducing the numbers of babies infected through mother to child transmission (MTCT) in South Africa. The purpose of this satellite session is to share the achievements of the country since 2000 in the journey towards elimination of MTCT. The session will also showcase the leadership, research engagement and the diverse range of partnerships and innovative policies and programs that have supported this effort. It will further provide an opportunity to share the last mile plan and launch the proposed 'South Africa's last mile for EMTCT network' which will bring together, under leadership of SA Government, professional bodies, development and implementing partners, academia, civil society, media and private sector maximizing the momentum towards efforts towards realization of the goal of 'No child born with HIV' in South Africa

Opening remarks

J.Strauss, UNICEF Celebrity Advocate, South Africa

Highlighting the achievements in moving towards a generation free of HIV in South Africa

A.Lake, UNICEF, United States

Sharing of the last mile plan for elimination – what does the country plan to do differently and Launch of the 'last mile network' for the big push towards elimination

D.Motsoaledi, Health Minister, South Africa, South Africa

Celebratory moments in the journey towards elimination of MTCT in South Africa

V.TBC, TBC, Germany; V.TBC, TBC, South Africa

Engagement for impact: sharing of personal account

Y.TBD, TBD, South Africa

Introduction to the next part of the session

T.Makwetla, Momconnect Ambassador, South Africa

Remarks

H.Ludovic de Lys, UNICEF South Africa, South Africa

Overview of technical session

Y.Pillay, National Department of Health, South Africa

Overview of the journey (2000 – 2016) highlighting the multi-pronged approach towards the elimination of MTCT in South Africa

P.Holele, National Department of Health, South Africa

Research and Evidence for impact: highlights of the impact study and the impact on policy and programming

A.Goga, South African Medical Research Council, South Africa

Lab Systems towards program impact: Highlights of the laboratory data and the impact on policy and programming

G.Sherman, National Institute of Communicable Diseases, South Africa

Innovation for impact: summary of various innovations in the PMTCT program – Through a timeline overview showcasing the various 'out of the box' activities including monitoring that facilitated and shaped policy and program landscape

S.Bhardwaj, UNICEF South Africa, South Africa

Discussion – interaction with audience on the presentations

T.Makwetla, Momconnect Ambassador, South Africa

MOSA21 Financing for Universal Health Coverage: Elimination of Epidemics of AIDS and Viral Hepatitis

Non-Commercial Satellite

Venue: Session Room 7

Date: Monday 18 July

Time: 12:30-14:30

Organizer: World Health Organization

This satellite will address critical issues in financing HIV and viral hepatitis responses within the context of achieving universal health coverage and the elimination of AIDS and viral hepatitis epidemics as public health threats. It aims:

- To review key elements of health systems financing towards the achievement of universal health coverage and how it incorporates financing for HIV and viral hepatitis;
- To highlight the challenges and opportunities to mobilize additional resources for health, stressing the importance of domestic revenue mobilization efforts;
- To explore how to increase efficiency of investments in HIV and viral hepatitis to maximize impact and facilitate transition from donor assistance; and
- To provide country experiences with financing-related issues.

Introduction to session and speakers

Sustainable financing for universal health coverage – concepts and implications

S.Sparkes, Department of Health Systems Governance and Financing, World Health Organization, Switzerland

Financing for the long haul

A.Whiteside, Balsillie School of International Affairs, Canada

Funding from outside

M.Wijnroks, The Global Fund, Switzerland

Improving efficiencies and focusing for greatest impact

D.Wilson, The World Bank, United States

Countries in transition – The challenges of middle-income countries

S.Ongwandee, Bureau AIDS, TB and STIs, Thailand Ministry of Public Health, Thailand

Making medicines, diagnostics and other commodities more affordable

O.Mellouk, International Treatment Preparedness Coalition (ITPC MENA), Morocco

The economic impact of HIV and hepatitis epidemics and the resources required to end these two epidemics

D.Low-Beer, World Health Organization (WHO), Switzerland

Japan's commitment to global health focusing on Universal Health Coverage and HIV

S.Matsushita, Center for AIDS Research, Kumamoto University, Japan

Interactive discussion with panelists and questions from the floor

Summary and closing

MOSA22 Reaching Treatment for All: Developing a package of differentiated care

Non-Commercial Satellite

Venue: Session Room 8

Date: Monday 18 July



Time: 12:30-14:30

Organizer: Elizabeth Glaser Pediatric AIDS Foundation

New WHO guidelines supporting treatment for all represent a significant step toward meeting the ambitious 90-90-90 goals and an incredible opportunity to improve individuals' health, save lives, prevent new infections, and finally end AIDS by 2030. Despite significant progress in scaling up antiretroviral treatment, the HIV community will need new tools and models of care to meet the diagnosis, treatment and care needs of all people living with HIV. Reaching treatment for all will require the development of evidence-based models that are patient-centered, provide the level of care that matches patients' needs and enables making care more rational from a health system perspective. This satellite will: 1) Describe lessons learned from previous programs that may be applied to the development of a package of differentiated care to implement treatment for all; 2) Explore models of differentiated care; 3) Discuss the major barriers, gaps and opportunities to developing differentiated care strategies.

Introduction

D.Birx, United States

Launch of treatment for all in Lesotho: the role of differentiated models of care

M.Monyamane, Minister of Health Lesotho, Lesotho

Treatment for All and 90 90 90: Where are we now?

B.Samb, UNAIDS, Switzerland

How can differentiated care help countries to implement the new WHO guidelines

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

The differentiated model of care: treatment for all by matching resources to needs

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

Lessons learned in getting to treatment for all. Treatment for all in pregnant women: lessons learned and an overview of programmatic challenges

A.Mahomva, EGPAF, Zimbabwe

Lessons learned in getting to treatment for all. Closer to home: use of decentralized models of treatment and care

E.Goemaere, Médecins Sans Frontières (MSF), South Africa

Questions and discussions

How can differentiated care get us to treatment for all? Panel Discussion

C.del Rio, Emory University, United States; J.Zuniga, International Association of Physicians in AIDS Care (IAPAC), United States; L.Mabote, AIDS and Rights Alliance for Southern Africa (ARASA), South Africa; S.Rosen, EQUIP, United States

Concluding remarks

L.Loures, UNAIDS, Switzerland

MOSA23 Updated Clinical Manuals on Medical Male Circumcision for Ongoing Safe, Quality Services

Non-Commercial Satellite

Venue: Session Room 9

Date: Monday 18 July

Time: 12:30-14:30

Organizer: World Health Organization (WHO), U.S. Centers for Disease Control (CDC), College of Surgeons of East, Central, and Southern Africa (COSECSA), Jhpiego, and Population Services International (PSI)

WHO and Jhpiego developed the Manual for Male Circumcision Under Local Anesthesia in 2008 to serve as the international technical resource for HIV prevention programs introducing medical male circumcision services. To date, the 'Manual' has been adopted or adapted for use in 14 African countries. To complement this, COSECSA, PSI, and CDC developed the Adverse Event (AE) Action Guide, standardizing the diagnosis and management of AEs. Both documents have served the needs of health

ministries, policy makers, trainers, and health care workers in reaching over 10 million boys and men with safe circumcision for HIV prevention by 2015. Since initial editions of both manuals, extensive experience and standard practice have advanced. This year, the agencies will launch the 2nd editions of the Manual and the AE Action Guide and highlight the key updates of relevance to program planners and service providers.

Introducing new manuals for VMMC

K.Atkins, Jhpiego, United States

MOSA24 Working Together to Crack the Code to Get Men Tested and Treated in Africa: Funders, Governments, and Implementers

Non-Commercial Satellite

Venue: Session Room 10

Date: Monday 18 July

Time: 12:30-14:30

Organizer: The Elizabeth Taylor AIDS Foundation

To reach the UNAIDS 90-90-90 treatment targets in sub-Saharan Africa, programs must focus on hard-to-reach populations, such as those living in remote, rural areas with high HIV prevalence. In the African context, men are less likely to go for testing and often wait until they become ill, when treatment proves less effective. This symposium will focus on The Elizabeth Taylor AIDS Foundation's (ETAF's) efforts to reach UNAIDS targets in Mulanje District, Malawi, in line with the National HIV and AIDS Strategic Plan, and in collaboration with the Mulanje District Health Office. Efforts to reach men that can serve as a model for working in low-resource rural areas will be a particular focus. Harnessing a coalition of funders, ETAF will accomplish this through its partners in the District, including governmental and mission hospitals and health centers and NGOs providing HIV education, testing, and linkage to care. LUNCH PROVIDED.

Welcome and overview of The Elizabeth Taylor AIDS Foundation's work in Malawi

J.Goldman, The Elizabeth Taylor AIDS Foundation, United States; H.Watts, President's Emergency Plan for AIDS Relief (PEPFAR), United States

Barriers to male testing in the rural Malawi context

K.Kabwere, District Health Office, Malawi

Working with partners to get men tested

J.Jere, Global AIDS Interfaith Alliance, Malawi; S.Miller, Grassroot Soccer, South Africa

Results of pilot program to increase male HIV testing in rural Malawi

J.Jere, Global AIDS Interfaith Alliance, Malawi; E.Schell, Global AIDS Interfaith Alliance, United States; E.Geoffroy, Global AIDS Interfaith Alliance, United States

Continuing the Elizabeth Taylor AIDS Foundation legacy—the next generation: A response from Dame Elizabeth's grandchildren.

Q.Tivey, Co-Trustee, The Elizabeth Taylor AIDS Foundation, United States; R.Tivey, Elizabeth Taylor AIDS Foundation, United States; L.Wilding, Elizabeth Taylor AIDS Foundation, United States

Discussion and Questions

F.Beadle de Palomo, mothers2mothers, South Africa; B.Mbono, mothers2mothers, South Africa

MOSA25 Addressing HIV and Human Rights in the LGBTI Community in South Africa

Non-Commercial Satellite

Venue: Session Room 11

Date: Monday 18 July

Time: 12:30-14:30

Organizer: SOUTH AFRICAN NATIONAL AIDS COUNCIL

The South African National AIDS Council has brought together LGBTI stakeholders and government departments to address the HIV and Human Rights needs of the LGBTI community. This session describes the framework for



working together and ambitious plans to address all aspects of the LGBTI communities needs and rights including peer education, condoms and lube, PrEP and UTT, psychosocial support and dealing with stigma and discrimination including responding to hate crimes in a process led by the SANAC LGBTI sector.

Welcome

M.Letsike, SANAC Civil Society Forum, South Africa

Role of the LGBTI Sector in the National LGBTI HIV Plan

B.Kanyemba, Desmond Tutu HIV Centre, South Africa

Addressing the health care needs of the LGBTI community in South Africa

A.Motsoaledi, Department of Health, South Africa, South Africa

PEPFAR's contribution to the HIV needs of South Africa's LGBTI community

D.Birx, US Government, United States

Contribution of the Global Fund to the LGBTI Response in South Africa

M.Berdnikov, Global Fund to fight HIV, Tuberculosis and Malaria, Switzerland

Leaving No One Behind: LGBTI communities in Africa

M.Sidibe, UNAIDS, Switzerland

Constitutional Rights of the LGBTI community in South Africa

N.Simelela, Ministry of Health, South Africa

Framework for the South Africa National LGBTI HIV and Human Rights Plan

F.Abdullah, South African National AIDS Council, South Africa

Closing Remarks

M.Letsike, SANAC Civil Society Forum, South Africa

MOSA26 Risks, Rights and Health: Taking stock of the Global Commission on HIV and the Law

Non-Commercial Satellite

Venue: Session Room 12

Date: Monday 18 July

Time: 12:30-14:30

Organizer: UNDP

TBA

Risks, rights and Health: taking stock of the Global Commission

M.Dhaliwal, UNDP, United Kingdom

Human Rights of key populations at higher risk of HIV

J.Butler, UNFPA, Turkey

Global Commission - Part II

D.Diouf, Enda Sante, Senegal; D.Kiconco Musinguzi, Uganda Network on Law, Ethics and HIV/AIDS (UGANET), Uganda

Global Commission - Part II

K.Bhardwaj, Independent Lawyer, India

MOSA27 Moving Diagnostics Closer to the Patient the Xpert Way

Commercial Satellite

Venue: Session Room 13

Date: Monday 18 July

Time: 12:30-14:30

Organizer: Cepheid

The Future of Point of Care Diagnostics for EID, HIV Monitoring, and HPV

Introduction

P.Jacon, Cepheid, South Africa; P.Jacon, Cepheid, United States

Point of care diagnostics for early infant diagnostics of HIV

L.Hans, National Health Laboratory Services, South Africa

Comparing point of care to laboratory HIV PCR testing at birth in a hospital setting in Johannesburg, South Africa

K.Technau, ESRU - Clinical and Research Rahima Moosa Mother and Child Hospital, South Africa

First results from the Baby Study: operational evaluation of point of care testing for very early infant HIV diagnostics in Mbeya, Tanzania

I.Sabi, NIMR - Mbeya Medical Research Centre, United Republic of Tanzania

Decentralisation of HIV-1 load in Namibian settings by using GeneXpert System

A.Shiningavamwe, Office of the CEO Namibian Institute of Pathology, Namibia

Improving the specificity of HPV screen-and-treat in South Africa

S.Rakiya, University of Cape Town, South Africa

MOSA28 What Will it Take to Reach the Fast Track Prevention Targets: What, Who and How

Non-Commercial Satellite

Venue: Session Room 5

Date: Monday 18 July

Time: 14:45-16:45

Organizer: Bill and Melinda Gates Foundation

The past decade has seen a massive roll-out of HIV treatment, with reductions in HIV-related illness and death. However, we have not had the same success with HIV prevention, and although there has been a consistent decline in new infections, an estimated 2 million people continue to be infected every year. There remains a lack of consensus on what needs to be reinvigorated in our prevention response. What combination of tools and interventions should be prioritized? How much will this cost, and how are these to be paid for? Do we have appropriate theoretical approaches that can be translated into practical programs? This symposium will include a summary of the latest edition of Lancet HIV, which contains a series of papers addressing these important topics around HIV prevention. A panel of HIV program managers and policy makers will also discuss the implication of the findings.

Introduction and Welcome

M.Warren, AVAC, United States

HIV prevention: where are we now and where are we going?

J.Smith, Imperial College, United Kingdom; S.Krishnaratne, London School of Hygiene and Tropical Medicine, United Kingdom

HIV Prevention 2020: A framework for delivery and a call for action

K.Dehne, UNAIDS, Switzerland

HIV Prevention 2020 – A view from the Front Line

N.Kilonzo, National AIDS Control Council of Kenya, Kenya

Panel discussion on the way forward for HIV Prevention

O.Mugurungi, Ministry of Health and Child Care, Zimbabwe; L.Bekker, Desmond Tutu HIV Centre, South Africa; N.Kilonzo, National AIDS Control Council of Kenya, Kenya

Wrap up

M.Warren, AVAC, United States

MOSA29 The HEAIDS Best Practice Model (Curriculum and Core Curriculum)

Non-Commercial Satellite

Venue: Session Room 6

Date: Monday 18 July

Time: 14:45-16:45

Organizer: HEAIDS



THE HEAIDS SATELLITE SESSION

Background

The Higher Education and Training HIV/AIDS Programme (HEAIDS) is a national programme designed to develop and support the HIV/TB/STI and General Health and Wellness mitigation initiatives at South Africa's public Higher Education Institutions (HEIs) and Technical and Vocational Education and Training (TVET) Colleges. As part of an increasingly comprehensive HIV/AIDS mitigation programme which has evolved into a best practice model in the country, HEAIDS has shown the potential of post school education system in transforming the landscape of the HIV epidemic through its teaching and learning, research and innovation and community engagement mandate. HEAIDS conducts Africa's number one HIV, Testing, Counselling and screening and social behaviour change programme called First Things First (HIV/STIS/TB) and this satellite session will showcase this best practice model.

HEAIDS Best Practice Model for the post-schooling in South Africa

R.Ahluwalia, HEAIDS, South Africa

Preliminary results: Announcement of the impact evaluation of HEAIDS's First Things First programme

G.Setswe, Human Sciences Research Council, South Africa

Young populations' vulnerabilities to the TB/STIs/HIV epidemics

L.Singh, UNFPA, South Africa

Learning from the evolution of the epidemics and HIV risks factors to strengthen protection of youth

Q.Abdool Karim, Centre for the AIDS Programme of Research in South Africa (CAPRISA), South Africa

Harnessing the support of civil society for the effective implementation of the HEAIDS best practice model

S.Letsike, South African National AIDS Council (SANAC), South Africa

Leadership in mobilising the post-schooling sector and replicating the HEAIDS model to achieve goals of the National Strategic Plan

M.Manana, Deputy of Higher Education and Training, South Africa

MOSA30 Improving PMTCT and paediatric HIV outcomes: Linking health facilities and communities to deliver services together

Non-Commercial Satellite

Venue: Session Room 7

Date: Monday 18 July

Time: 14:45-16:45

Organizer: PATA and the Positive Action for Children Fund

UNAIDS 90-90-90 targets and new WHO guidance require a shift from an individualised to a public health approach. Health facilities and the communities they serve must partner to create demand and ensure services are accessible and appropriate. The PACF-PATA Clinic-CBO Collaboration (C3) programme supports clinic-community partnerships across 9 sub-Saharan countries to investigate bottlenecks and develop recommendations. This symposium session will use case learning to illustrate complex issues in health system-community linkage, while providing recommendations, multi-country programme experience and policy considerations. The symposium will feature speakers and panelists articulating particular aspects of clinic-community collaboration, and culminate in calls to action for delegates to take the lessons forward into their own communities.

Welcome and introduction

D.Kemps, ViiV Healthcare, United Kingdom

Introduction to C3: Building operational bridges between health facilities and communities

L.Montewa, PATA, South Africa

Lessons from C3: Key impacts and recommendations

D.Mark, PATA, South Africa

C3 case example: Success in the field

E.Mupakile, Kabangwe Creative Initiative Association, Zambia

Policy implications: Ministry of health perspective

A.Mushavi, Ministry of Health and Child Welfare, Zimbabwe

Panel reflections

P.McDermott, PACF Board Chairman, United Kingdom; C.Luo, UNICEF, United States; D.Mbori-Ngacha, UNICEF, Nigeria

Call to action: C3 community of practice (CoP)

L.Hatane, PATA, South Africa; D.Kemps, ViiV Healthcare, United Kingdom

MOSA31 It's time to deliver differently: Country experiences of differentiated ART delivery

Non-Commercial Satellite

Venue: Session Room 8

Date: Monday 18 July

Time: 14:45-16:45

Organizer: International AIDS Society

In the era of "treat all", the implementation of differentiated models of ART delivery will be critical to reaching the 90-90-90 targets. Join us at this satellite to hear more from countries about their experiences of differentiated ART delivery. Delegations from Zimbabwe, Swaziland and Zambia with representatives from civil society, ministries of health, and health care workers will discuss how differentiated care is reshaping national ART programmes. Thereafter, a panel of speakers will highlight key tools for implementation and initiatives underway to support increasing access to differentiated care. Come and join us for 90 minutes of presentations followed by 30 minutes to meet the speakers and engage with the panellists.

Introduction

Country Experiences - Zimbabwe

T.Apollo, Ministry of Health and Child Welfare, Zimbabwe; J.Murungu, MOHCC, Zimbabwe; S.Mahaso, BHASO, Zimbabwe; S.Kwiri, Ministry of Health and Child Care, Zimbabwe; M.Sibanda, HIV/AIDS Activist, Zimbabwe

Country experience - Swaziland

N.Lukhele, Swaziland National AIDS Programme (SNAP), Swaziland; M.Pasipamire, Swaziland National AIDS Programme, Swaziland; R.Shabangu, Luyengo Clinic, Swaziland; K.Dlamini, Luyengo Clinic, Swaziland; B.Ngwenya, PLHIV Community representative, Swaziland

Country experience - Zambia

C.Moyo, Ministry of Health, Zambia; C.Mwelwa, Ministry of Health, Zambia; G.Siambili, Ministry of Health, Zambia; W.Mutale, University of Zambia, Zambia; M.Wa Mwanza, CIDRZ, Zambia

Panel presentations and discussion

A.Grimsrud, International AIDS Society (IAS), South Africa; S.Napierala Mavedzenge, RTI International, United States; M.Rabkin, Columbia University, United States

Meet the country teams and panelists (refreshments provided)

MOSA32 "The People's Hope" Documentary: AHF's 15th Year in South Africa

Non-Commercial Satellite

Venue: Session Room 9

Date: Monday 18 July

Time: 14:45-16:45

Organizer: AIDS Healthcare Foundation

Today, South Africa has nearly 3.4 million people on antiretroviral treatment, more than any other country in the world. This impressive scale-up has been achieved with the government's proactive and concerted steps to turn the tide on the epidemic in recent years. Join us for an exclusive screening of "The People's Hope," a documentary about the genesis of Ithembalabantu Clinic, one of the first free treatment sites in South Africa, founded by AHF in



KwaZulu-Natal 15 years ago. After the 30-minute screening, hear first-hand from the people who have helped bring treatment and hope to millions of South Africans.

The People's Hope Documentary

A.South Africa, , United States

Panel Discussion

MOSA33 Optimal Treatment is Not a Dream!

Non-Commercial Satellite

Venue: Session Room 10

Date: Monday 18 July

Time: 14:45-16:45

Organizer: International Treatment Preparedness Coalition (ITPC)

Global HIV treatment coverage has steadily increased over the last two decades – but it is clear that, for many communities, treatment is still not OPTIMAL. In 2016, many people still do not know if their treatment is working. The price of ARVs in middle-income countries is preventing access to medicines that are more potent, easier to take and that have fewer side effects. We need access to affordable, quality treatment now! This forum will outline concrete actions that can make medicines affordable and scale-up access to treatment monitoring, building on lived experiences from our community-driven campaigns 'Make Medicines Affordable' and 'Be Healthy – Know Your Viral Load'. Participants will hear from key experts in these fields, contribute to the discussion, and pose questions to key decision-makers. The session will include a short campaign film, moderated panel debate, and catered cocktail hour! Join us and advocate for universal access to OPTIMAL treatment!

Introduction

T.Taro, International Treatment Preparedness Coalition, United States

Mass treatment programmes for HIV and hepatitis

A.Hill, St. Stephens AIDS Trust, United Kingdom

Video presentation I

T.Taro, International Treatment Preparedness Coalition, United States

Video presentation II

T.Taro, International Treatment Preparedness Coalition, United States

MOSA34 South Africa's National Sex Worker HIV Plan: Are you coming?

Non-Commercial Satellite

Venue: Session Room 11

Date: Monday 18 July

Time: 14:45-16:45

Organizer: South African National AIDS Council

The Deputy President of South Africa launched the South African National Sex Worker HIV Plan in early 2016. The comprehensive Plan is based upon 6 core packages of intervention including peer education, health care, psychosocial services, human rights, social capital building and economic empowerment. The Deputy President said the plan, which is the first of its kind in Africa, will not succeed if sex workers are ignored, marginalised and stigmatised. He went on to say that we have to grasp the challenges of how we deal with the legal status of sex workers. This satellite will take the format of a panel discussion where topics including access and roll out to PrEP and UTT will be tackled as well as a discussion on the legal position on sex work and the implications for the effective implementation of this Plan.

The South African National Sex Worker HIV Response

F.Abdullah, South African National AIDS Council, South Africa

The Global Fund investment in sex worker HIV Programmes in South Africa

M.Berdnikov, Global Fund to fight HIV, Tuberculosis and Malaria, Switzerland

PEPFAR's investment in sex worker HIV programmes in South Africa

C.Baker, PEPFAR, United States

The South African Health Monitoring Survey with female sex workers in South Africa

T.Lane, , United States

The legal status of sex work in South Africa

J.Jeffery, Department of Justice, South Africa

Learnings from the SAPHIRE trial in Zimbabwe

F.Cowan, Centre for Sexual Health and HIV/AIDS Research Zimbabwe, Zimbabwe

Don't make us criminals

S.Shackleton, Sex Workers Education & Advocacy Taskforce (SWEAT), South Africa

Leaving no-one behind

P.Ghys, UNAIDS, Switzerland

MOSA35 HIV Prevention for Pregnant and Breastfeeding Women: Long overdue. But is it Time to Deliver?

Non-Commercial Satellite

Venue: Session Room 12

Date: Monday 18 July

Time: 14:45-16:45

Organizer: Microbicide Trials Network (MTN) with AVAC, International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) Network, International Partnership for Microbicides (IPM), Jhpiego and the United States President's Emergency Plan for AIDS Relief (PEPFAR)

Women need HIV prevention products and strategies that are safe and effective to use in all stages of their lives, including during pregnancy and breastfeeding, when they may be most susceptible to infection. Although data is reassuring on Truvada use among HIV-infected women during pregnancy, less is known about the risks and benefits of oral PrEP in HIV-uninfected pregnant women or their babies. New WHO guidelines indicate PrEP can be used during pregnancy. South Africa's guidelines, however, caution that until there is more data, PrEP is contraindicated in pregnant and breastfeeding women. What about new products, such as the dapivirine vaginal ring, or long-acting injectables – at which point and in which settings should questions about safety in this population be addressed? How should the field move forward to eliminate gaps in both research and service delivery to provide pregnant and breastfeeding women with safe and effective HIV prevention strategies?

Welcome and Introductions

S.Hillier, University of Pittsburgh, United States

Prevention of HIV in pregnant and breastfeeding women: What is known about the safety of PrEP?

L.Stranix-Chibanda, University of Zimbabwe College of Health Sciences, Zimbabwe

"PrEP can be used during pregnancy": Understanding the rationale of the 2015 WHO guidelines on PrEP

D.Watts, United States President's Emergency Plan for AIDS Relief (PEPFAR), United States

"PrEP in pregnant or breastfeeding women is contraindicated": Understanding the rationale of the 2016 Southern African guidelines on PrEP

F.Conradie, Southern African HIV Clinicians Society, South Africa

Meeting the HIV prevention needs of pregnant and breastfeeding women: The challenges and opportunities ahead for PrEP, rings and new biomedical approaches

N.Mugo, Kenya Medical Research Institute (KEMRI), Kenya

Moving Forward: Evidence, Advocacy and Action (Panel Discussion)



M.Chatani-Gada, AVAC, United States; L.Noguchi, Jhpiego, United States; R.Baggaley, World Health Organization (WHO), Switzerland; F.Conradie, Southern African HIV Clinicians Society, South Africa; M.Luba, DREAM Program, Community of Sant'Egidio, Malawi; N.Mugo, Kenya Medical Research Institute (KEMRI), Kenya; Y.Pillay, National Department of Health, South Africa; Z.Rosenberg, International Partnership for Microbicides, United States; L.Stranix-Chibanda, University of Zimbabwe College of Health Sciences, Zimbabwe; D.Watts, United States President's Emergency Plan for AIDS Relief (PEPFAR), United States

Summary and next steps

S.Hillier, University of Pittsburgh, United States; D.Watts, United States President's Emergency Plan for AIDS Relief (PEPFAR), United States

MOSA36 **Knowing Your Epidemic and Knowing Your Response - Maximising Routinely Collected Data to Measure and Monitor HIV Epidemics in sub-Saharan Africa**

Non-Commercial Satellite

Venue: Session Room 13

Date: Monday 18 July

Time: 14:45-16:45

Organizer: Measurement and Surveillance of HIV Epidemics (MeSH) Consortium

Drawing on the experience and knowledge of leading experts in HIV measurement and surveillance, and considering each of the 90-90-90 targets, the symposium will address the potential for using routine patient-level data to monitor the health sector response to HIV. The session is targeted towards persons interested in applying innovative methods to existing patient-level data to provide timely information on key outcomes. Participants will develop an understanding of how to introduce and utilise scalable and sustainable HIV case-based surveillance, to assess the effectiveness of interventions along the cascade of treatment and care, and to estimate the overall burden of HIV-associated mortality. The session will include five or six 15 minute highly focused and co-ordinated presentations from leading experts. These sessions will be followed by a 30 minute panel discussion focusing on identifying best methods for measuring and monitoring HIV epidemics in sub-Saharan Africa.

Welcome and aims of the session

G.Rutherford, University of California, San Francisco, United States

The MeSH Consortium: optimizing the use of routine HIV data

B.Rice, London School of Hygiene and Tropical Medicine, United Kingdom

Measuring progress against 90-90-90 targets in Zambia using routine data collected by community health workers

K.Shanaube, ZAMBART Project, Zambia

Extrapolation and triangulation of data from key population surveys and programmes

J.Edwards, , United States

Pathway from PMS to CBS in Tanzania

J.Todd, London School of Hygiene & Tropical Medicine, United Republic of Tanzania

Monitoring mortality within ART programmes

M.Egger, University of Bern, Switzerland

HIV care continuum in Rwanda

J.Forrest, Precision Global Health, Canada

Discussion and next steps

MOSA37 **Young People's Leadership in Ending AIDS and Achieving Universal Sexual and Reproductive Health & Rights by 2030**

Non-Commercial Satellite

Venue: Session Room 5

Date: Monday 18 July

Time: 17:00-19:00

Organizer:

United Nations Population Fund (UNFPA) South Africa

HIV infection rates have begun to slow across Africa, however, the East and Southern Africa region remains the epicenter of the HIV epidemic, with some 48% of the world's new infections, half of all youth with HIV globally. Adolescents and young people are disproportionately affected and young women between 15 and 24 years account for 31 per cent of all new HIV infections in sub-Saharan Africa.

The satellite session will create a platform for young people to participate and engage with in the context of the conference with the intention of catalysing local, regional and global action to ending AIDS and promote SRHR, with special attention to young women and girls. The session to be led by young people representing youth networks in South Africa and East & Southern Africa. The expected outcome will include: 1) Position of Young People on their role in ending AIDS BY 2030 defined and articulated; 2) concrete actions to enhance meaningful participation of young people in ending the epidemic by key

Youth presentation

MOSA38 **HIV Infection Among Women: Strategies to Address 3 Key Global Challenges**

Major Industry Sponsor Satellite

Venue: Session Room 6

Date: Monday 18 July

Time: 17:00-19:00

Organizer: Clinical Care Options, LLC. Supported by an independent educational grant from Viiv Healthcare.

Overview

In many resource-limited settings where HIV infection is prevalent, young women face disproportionate risk of becoming infected. In sub-Saharan Africa, women acquire HIV infection earlier than men on average, and women aged 15-24 years are twice as likely to be HIV infected as young men. Globally, recommendations for HIV prevention and treatment are changing, with the recommendation of ART for all, and anticipated new WHO prevention and treatment guidelines in 2016.

In this highly interactive program, a panel of experts focused on care of at-risk and HIV-infected women globally and within resource-limited settings will address 3 key challenges related to prevention and ART delivery for women, outlining ways in which clinicians can address these challenges for their own patients.

Agenda

- Introduction
- Reducing New Infections Among Young Women and Adolescent Girls
- Bringing Optimal Regimens to Women in Resource-Limited Settings
- Delivering ART to All Women Who Will Benefit
- Q&A, Closing Remarks

Programme overview

C.Hankins, The Amsterdam Institute for Global Health and Development (AIGHD), Netherlands

Bringing optimal regimens to women in resource-constrained settings

L.Bekker, Desmond Tutu HIV Centre, South Africa

Delivering ART to all women who will benefit

W.El-Sadr, ICAP at Columbia University, Mailman School of Public Health, United States

Reducing new infections among young women and adolescent girls

N.Mugo, Kenya Medical Research Institute (KEMRI), Kenya

Question and answer session

Conclusions and closing remarks

C.Hankins, The Amsterdam Institute for Global Health and Development (AIGHD), Netherlands



MOSA39 Lives Changed on the Way to Zero: A Candid Conversation with Zolani, Teens and Their HIV-Positive Mothers Mothers (Reception and One-on-Ones with Panelists to Follow)

Non-Commercial Satellite

Venue: Session Room 7

Date: Monday 18 July

Time: 17:00-19:00

Organizer: mothers2mothers and Johnson & Johnson

Fifteen years ago, when mothers2mothers (m2m) was founded, PMTCT was a new concept in Africa. m2m's Mentor Mothers set out to educate and support other HIV-positive mothers to give birth to healthy, HIV-free babies. Those babies are now adolescents. Their challenges are unique. If they can successfully navigate their new environment of sexuality, stigma, and, peer pressure, they can create lasting behaviour change, end the cycle of HIV, and become parents to an HIV-free generation. In honour of our decade of partnership, m2m and Johnson & Johnson are hosting an unprecedented session - for the first time featuring HIV-positive mothers with their HIV-free adolescent children, and m2m's adolescent Peer Mentors. Zolani Mahola, lead singer of South Africa's chart-topping pop group, Freshlyground, will moderate this lively intergenerational session, culminating in a networking reception

Welcome and Opening Remarks: A Decade of Partnership Benefitting Young People

B.Petrauskas, Johnson & Johnson, United States

Reflections on Teen Challenges From One of South Africa's Most Beloved Singing Stars

Z.Mahola, Freshlyground, South Africa

Stories From the Heart: HIV-Positive Mothers Share the Secrets That Could Have Destroyed Their Families

B.Mbono, mothers2mothers, South Africa; P.Brooks, mothers2mothers, South Africa

Panel - Kids and Their Moms Take Center Stage - How Mother/Teen Communication Works - or Not

Z.Mahola, Freshlyground, South Africa; B.Mbono, mothers2mothers, South Africa; P.Brooks, mothers2mothers, South Africa; F.Sigagayi, mothers2mothers, South Africa

A Decade of Partnership Benefitting Young People

B.Petrauskas, Johnson & Johnson, United States

Making DREAMS A Reality

D.Futterman, Montefiore Medical Center, United States

Storytelling: Teens Talk Tough Topics

S.Nkomo, mothers2mothers, South Africa; T.Gasela, mothers2mothers, South Africa; A.Thabethe, mothers2mothers, South Africa

Panel: From Sugar Daddy's and Blessors to Peer Pressure and Lack of Education -- What Adolescents Need (And Don't Need) to Stay HIV-Free

Z.Mohala, Freshlyground, South Africa

Closing Remarks: mothers2mothers 15th Birthday Celebration!

F.Beadle de Palomo, mothers2mothers, South Africa

Q&A

MOSA40 WHO's Treat All Policy: Where are we, where do we need to go and what does it take?

Non-Commercial Satellite

Venue: Session Room 8

Date: Monday 18 July

Time: 17:00-19:00

Organizer: World Health Organization

This WHO satellite, "Treat All": Where are we and where do

we need to go? will consider country experiences, as they set national treatment targets and implement new Treat All guidance within the context of their broader HIV responses.

The session will present data on country adoption of the WHO Treat All recommendation and share country examples of implementation of differentiated care within the context of the new WHO guidelines. The new full paper version of the WHO Consolidated guidelines on the use of ARV drugs for treating and preventing HIV will be shared. The high level panel will discuss commitments to ensure the implementation and sustainability of these new recommendations.

Introduction to session and speakers

A.Motsoaledi, Minister of Health, South Africa; G.Hirschsall, World Health Organization (WHO), Switzerland

WHO Treat All policy uptake and practice & support for differentiated care service delivery models

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

The last 90 – WHO recommendations to improve adherence, retention and viral load suppression

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

Threats to Treat All: HIVDR and Health Systems Challenges and responses

Y.Pillay, National Department of Health, South Africa

Treat All (test & start) champions

G.Hirschsall, World Health Organization (WHO), Switzerland; A.Motsoaledi, Minister of Health, South Africa

Experience of Treat all and PrEP implementation from Brazil

A.Benzaken, , Brazil

Experience of Treat All in China

Z.Wu, Chinese Center for Diseases Control and Prevention, China

Experience of Treat all from Ivory Coast

S.Eholie, University Félix Houphouët-Boigny, Cote D'Ivoire

How to make Treat All Sustainable – Panel Discussion and Q&A

G.Hirschsall, World Health Organization (WHO), Switzerland; A.Motsoaledi, Minister of Health, South Africa; D.Birx, , United States; A.Fakoya, The Global Fund, Switzerland; L.Loures, UNAIDS, Switzerland; J.Bhila, Global Network of Young People Living with HIV (Y+), Zimbabwe; C.Luo, UNICEF, United States

Closing and refreshments prior to opening

G.Hirschsall, World Health Organization (WHO), Switzerland; A.Motsoaledi, Minister of Health, South Africa

MOSA41 Building Test & Treat: Brick by BRICS

Non-Commercial Satellite

Venue: Session Room 9

Date: Monday 18 July

Time: 17:00-19:00

Organizer: AIDS Healthcare Foundation

What does it take to realize the full potential of Test & Treat in BRICS countries? Join the interactive discussion to share your ideas and concerns with an esteemed panel of HIV and public health experts from Brazil, Russia, India, China and South Africa. The panelists will discuss the real-life challenges and successes of building up Test & Treat in their respective countries "brick by BRICS."

National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention

Z.Wu, , China

STI, AIDS and Viral Hepatitis Department, Ministry of Health, Brazil

C.Pimenta, Ministry of Health of Brazil, Brazil

ITPC Russia

G.Vergus, , Russian Federation

AHF India

S.Prasad, AHF India Cares, India

AHF

P.Iutung Amor, , South Africa

MOSA42 DREAMing of an AIDS-Free Future for Girls

Non-Commercial Satellite

Venue: Session Room 10**Date:** Monday 18 July**Time:** 17:00-19:00**Organizer:** The United States President's Emergency Plan for AIDS Relief (PEPFAR)

Hosted by the U.S. Government's President's Emergency Plan for AIDS Relief (PEPFAR), the satellite will include music, videos, an update on the DREAMS Partnership and a session on how PEPFAR innovations in DREAMS are working to reduce new HIV infections among adolescent girls and young women in 10 sub-Saharan African countries. The program will feature remarks by Ambassador Deborah Birx, PEPFAR; Master of Ceremonies, Anna Miti, (Zimbabwe HIV/AIDS Activists Union Community Trust); essays by young women from South Africa, Zambia and Kenya; an in-depth look at DREAMS Partnership implementation in South Africa; and new DREAMS innovations.

Opening Remarks

D.Birx, , United States; A.Miti, Pangaea AIDS Zimbabwe, Zimbabwe

In their Own Words: Essays by Young Women Explaining the Need for DREAMS

N.Namukanga, HIV Advocate, Zambia; B.Bakobye, HIV Advocate, Kenya; N.Zakwe, HIV Advocate, South Africa

South Africa DREAMS 360: An In-Depth Look at DREAMS Implementation

D.Ndlovu, Office of the Premier, KwaZulu-Natal, South Africa; K.Dunjwa, Passionate Unlimited Peers in Action (PUPA), South Africa; T.Beamon, PEPFAR, South Africa

Q&A**DREAMS Innovations**

D.Birx, , United States; K.Agot, Impact Research and Development Organization, Kenya; J.Steingo, Witkoppen Health and Welfare Centre, South Africa; J.Steingo, Witkoppen Health and Welfare Centre, South Africa; G.Dandala, Future of the African Daughter, South Africa

Closing Remarks

A.Gaspard, U.S. Embassy, South Africa

MOSA43 From General Population to Key Populations: South Africa's Global Fund Grant Moves with the Times

Non-Commercial Satellite

Venue: Session Room 11**Date:** Monday 18 July**Time:** 17:00-19:00**Organizer:** South African National AIDS Council

A 21st-century partnership takes a modern approach to global health: to be effective it must be agile, responsive and committed to serving communities affected by HIV, TB and malaria. With a more modern outlook, countries now take the lead in determining where and how best to fight diseases, how to respond to broader development challenges, and how to coordinate work with international partners in global health. The Global Fund has moved from funding activities around the general population to funding activities focused on key populations, improving quality of care, addressing human rights and critical enablers. More than 50% of the Global Fund's contributions to South Africa are dedicated to key populations including a comprehensive package of integrated services to young women and girls, sex workers, men who have sex with men, transgender people, people who inject drugs, inmates, and people who live in informal settlements and peri-mining communities.

Introduction of the panel

F.Abdullah, South African National AIDS Council, South Africa

Introductions and overview of the Global Fund: why Global Fund prioritises key populations in middle income countries

M.Wijnroks, The Global Fund, Switzerland

The role of the civil society in shaping the Global Fund's investment to SA

J.Bodibe, COSATU, South Africa

How the GF portfolio in SA balances programme priorities and the need for innovation

M.Berdnikov, Global Fund to fight HIV, Tuberculosis and Malaria, Switzerland

Reaching 90-90-90 targets for TB and HIV with support of Global Fund

N.Slingers, South African National AIDS Council, South Africa

Why the GF must continue to invest in young women and girls and key populations in SA

N.Slingers, South African National AIDS Council, South Africa

Questions and answers

MOSA44 Exploring Critical Social Science Questions for the Implementation of 'Universal Test and Treat' Approaches to HIV Prevention and Care in sub-Saharan Africa

Non-Commercial Satellite

Venue: Session Room 12**Date:** Monday 18 July**Time:** 17:00-19:00**Organizer:** Social Science of Universal Test and Treat Network (SSUTT), National Institute of Mental Health

The satellite session will offer a set of empirical and conceptual engagements with the challenges of implementing "universal test and treat" (UTT) and related approaches to HIV prevention and care in sub-Saharan Africa. Drawing on articles in a special issue of AIDS Care (to be launched at the satellite) and the collaborative work of a newly formed network, social scientists working within five large-scale UTT trials and studies in six African countries will share key research findings. Through engaging diverse perspectives and insights from the studies, the satellite aims to: (1) contribute to urgent programmatic and policy debates regarding the most effective strategies for implementing UTT and related approaches; (2) offer insights into the potential immediate effects and long-term impacts of these interventions as they are rolled out and scaled up worldwide; and (3) create space for a broader discussion about the role of social scientific inquiry in HIV research and intervention.

Introduction and overview of the Social Science of Universal Test and Treat Network

J.Seeley, London School of Hygiene and Tropical Medicine, United Kingdom

Study design, key social science findings, and core implementation issues in HPTN 071 (PopART), SEARCH, TasP, and MaxART

G.Bond, London School of Hygiene and Tropical Medicine; ZambART, Zambia; R.Reis, University of Amsterdam, Netherlands; C.Camlin, University of California - San Francisco, United States; I.Maeri, SEARCH, Kenya; J.Orne-Gliemann, TasP, France; T.Zuma, , South Africa

Overview of the special issue and discussion of cross-cutting themes

L.Reynolds, Brown University, United States

Discussion of broader lessons for implementation of universal test and treat and way forward**Question and answer session**

MOSA45 HIV Mortality Trends in Africa in the Treatment Era: New Evidence from the ALPHA Network of Community-based HIV Surveillance Studies

Non-Commercial Satellite

Venue: Session Room 13

Date: Monday 18 July

Time: 17:00-19:00

Organizer: The Network for Analyzing Longitudinal Population-based HIV/AIDS data on Africa (ALPHA), London School of Hygiene and Tropical Medicine

Since the introduction of Antiretroviral Therapy (ART) mortality has fallen dramatically in African countries affected by HIV. However, almost all the evidence about HIV-related mortality before, during and after ART roll-out is based on models, or on data collected in care and treatment clinics, which cannot account for deaths prior to diagnosis or enrolment in care. This session will use the unique observational data source provided by ten community-based studies in the ALPHA network, spread across six countries of Eastern and Southern Africa, to provide direct information on age- and sex-specific mortality trends in HIV infected and uninfected adults, to describe the distribution of deaths on the treatment cascade, and how ART is changing causes of death amongst infected individuals. These findings will be related to policy environments in each country, to service provision in clinics serving the different study sites, and to narratives of persons navigating the care cascade.

Chair's introduction: How much do we really know about HIV mortality in Africa?

M.Morrisson, Bill and Melinda Gates Foundation, United States

Co-chair's introduction: the ALPHA network: What makes ALPHA data on HIV mortality unique?

B.Zaba, London School of Hygiene & Tropical Medicine, United Kingdom

The good news – expansion of policies and services and the rapidly shrinking burden of HIV mortality

M.Thajooane, Imperial College London, United Kingdom; G.Reniens, London School of Hygiene and Tropical Medicine, United Kingdom

The bad news – residual mortality on the HIV care continuum and insights on the experiences of people who died of HIV

E.Slaymaker, London School of Hygiene & Tropical Medicine, United Kingdom; M.Moshabela, University of KwaZulu-Natal, South Africa

The ugly news – widening gender disparities in ART access and benefits: warnings for test and treat programs?

C.Kabudula, London School of Hygiene and Tropical Medicine, United Kingdom; J.Wamoyi, National Institute for Medical Research, United Republic of Tanzania

Breaking news – opportunities and challenges going beyond the study populations, linking research and routine service data

S.Clark, Ohio State University, United States; J.Todd, London School of Hygiene and Tropical Medicine, United Republic of Tanzania

A critical evaluation of the evidence presented from the UNAIDS perspective

M.Mahy, Joint United Nations Programme on HIV/AIDS (UNAIDS), Switzerland